

**A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED  
TEACHING PROGRAMME ON KNOWLEDGE AND  
PRACTICE OF POSTNATAL MOTHERS WITH  
REGARD TO ESSENTIAL NEWBORN  
CARE AT KOVILPALAYAM,  
COIMBATORE**

**By**

**Reg. No: 301316101**

**A DISSERTATION SUBMITTED TO THE TAMIL NADU  
Dr. M. G. R. MEDICAL UNIVERSITY, CHENNAI IN  
PARTIAL FULFILLMENT OF REQUIREMENT  
FOR THE DEGREE OF MASTER OF  
SCIENCE IN NURSING**

**OCTOBER 2015**

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**Approved by**

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**EXTERNAL**

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**APPROVED BY THE DISSERTATION COMMITTEE ON MARCH 2014**

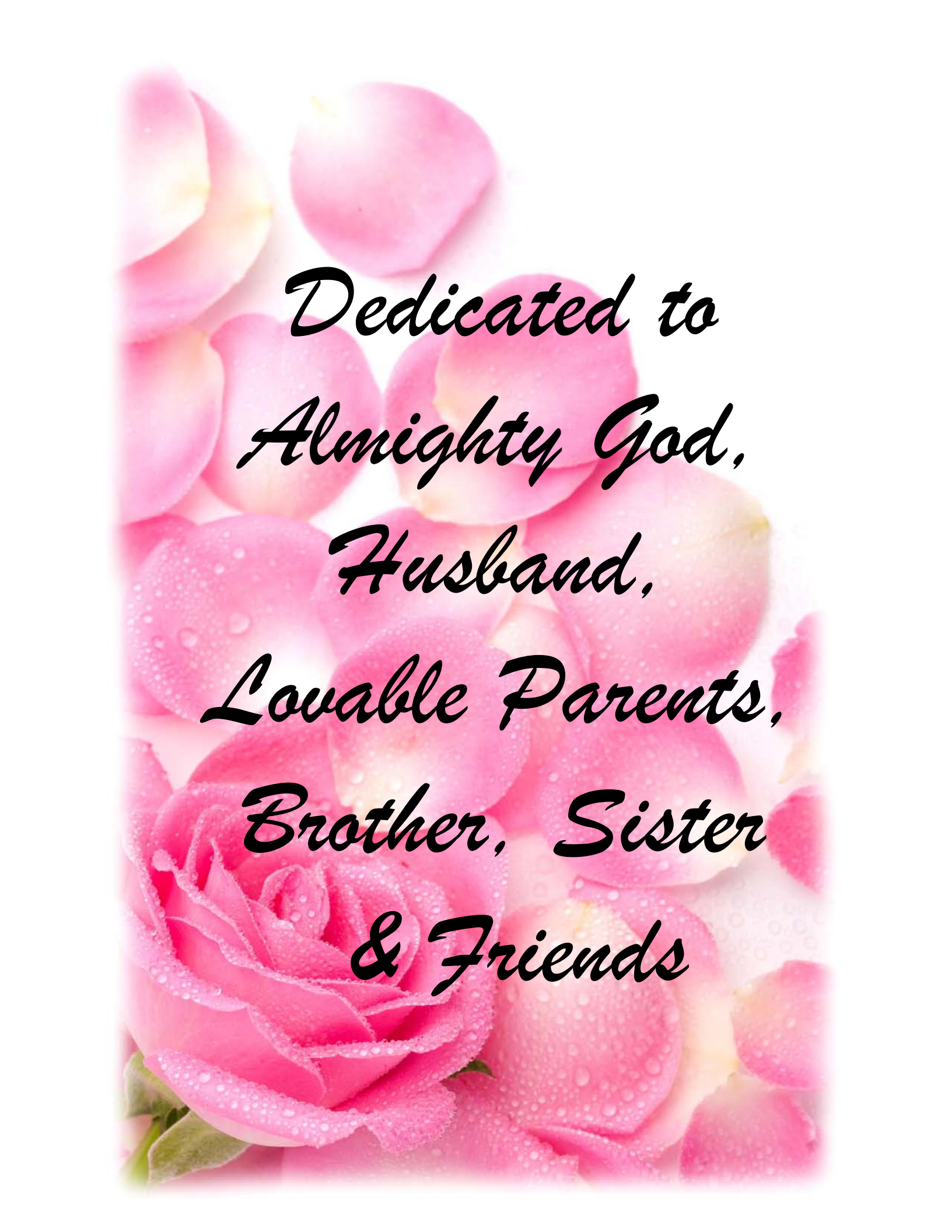
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A close-up photograph of pink rose petals, some fully bloomed and others as loose petals, covered in small, glistening water droplets. The background is a soft, out-of-focus white.

*Dedicated to  
Almighty God,  
Husband,  
Lovable Parents,  
Brother, Sister  
& Friends*

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# **CHAPTER - I**

## **Introduction**

“Birth”, means the bestowing of some form of life by the nature, to this world. Being born is the purest virtues that can be held by a living being as after that one is exposed to life, where one can breathe, feel, have emotions, i.e. it's in this world that these one is exposed to all such virtues. This is a state in which we consider the achievement of a new form of life (Karlson, 2007).

The birth of a baby is one of life's most wondrous moments, babies have amazing abilities. Yet they are completely depended on others for feeding, warmth and comfort. Newborn is a continuum of the fetal life and very important transient time to adopt extra uterine life. The physical and mental wellbeing of every individual depends on the correct management of events in perinatal period (Stephon. W Elizabeth, 2004).

All the neonates have certain needs that must be met for them to thrive and take their place in society. There are nine universal needs of the newborn infant that is a clear airway, established respiration, warmth, protection from hemorrhage, protection from infection, identification and observation, nourishment and fluids, love-parent attachment and res (Al. Sabir, 2003).

Newborn care often receives less than optimum attention. Although over the past 25 years. Child survival programs have helped to reduce the death rate among children under age 5, the biggest impact has been on reducing mortality from diseases

that affect infants and children more than 1 month old. As a result, the vast majority of infant deaths occur during the first month of life, when a child's risk of death is nearly 15 times greater than at any other time before his or her first birth (Castello. A and Manandhard, 2000).

The principles of essential newborn care is simple, requiring no expensive high technology equipment resuscitation, warmth to avoid hypothermia, early breast feeding, hygiene, support for the mother infant relationship and early treatment for low birth weight or sick infants (Hocken Berry and Willson, 2005).

Environmental temperature should be maintained according to baby weight and age to avoid hypothermia. It is necessary to dry up the baby and wrap the baby with clothes make sure the baby head is covered (Dutta. P, 2008).

Nutrition is essential for optimal growth and development especially in the first few months of life, because brain growth is proceeding at such a rapid rate. Breast feeding is the preferred form of nutrition for all infants it should be initiated within first half an hour of birth or as soon as possible. Early sucking provides warmth colostrum is most suitable and contains a high concentration of protein and other nutrients. It is rich in anti-infective factors and protects the baby from respiratory infections and gastro intestinal infections caused by enterococci, otitis media, numerous allergies and atopy (Hocken Berry and Wilson, 2005).

The first week of life is the most crucial period in the life of an infant. This is because the newborn has to adapt itself rapidly and successfully to an alien external

environment. The risk of death is greatest during the first 24-48 hours after birth. Newborn mortality is one of the most neglected health problems in the developing world, there are estimated 4 million neonatal deaths worldwide each year. Moreover, it is estimated to account for 40% of under five deaths and two-third of infant deaths. The proportion is generally higher in rural areas. According to World Health Report 2005, global neonatal mortalities rate is 36/1000, while in developing countries, the rate is 39/1000 (Belsey. M, 2000).

Nearly 26 million babies are born in India each year, this accounts for 20% of global birth, of these, 1.2 million die before completing the first four weeks of life. This accounts for nearly 30 percent of the total 3.9 million neonatal death world wide.

The current neonatal mortality rate in India is 44/1000 live births, it accounts for nearly two-third of infant mortality and half of under five mortality; Over one-third of all neonatal deaths occur on the first day of life. Almost half within three days and nearly three fourth in the first week. The rate of neonatal mortality varies widely among the different states ranging from 10 per 1000 live births in Kerala to around 60 in Orissa and Madhya Pradesh. The states of Uttar Pradesh, Madhya Pradesh and Bihar together contributed to over half of all newborn deaths in India in 2000 (Park. K, 2007).

The principal causes of infant mortality in India are low birth weight (57%), respiratory infections (17%), Diarrhoeal diseases (4%), Congenital malformation (5%), and Cord infection(2%). Birth injury (3%) and unclassified are about 8%.



The neonatal mortality rate in India is 43 per 1000 live births, in Bangladesh 36 per 1000 live births, in Sri Lanka 11 per 1000 live births, in Pakistan 57 per live births, in Nepal 40 per 1000 live births, and in China 21 per 1000 live births. In U.S.A 5 per 1000 live births and U.K 4 per 1000 live births. The main causes of neonatal mortality are intrinsically linked to the health of the mother at the care she receives before, during and immediately after giving birth. Asphyxia and birth injuries usually result from poorly managed labour and delivery and lack of access to obstetric services. Many neonatal infections, such as Tetanus and Congenital Syphilis, can be prevented by caring during pregnancy and child birth. Inadequate calorie or micronutrient intake also results in poorer pregnancy outcomes. It has been argued that nearly three quarters of all neonatal deaths would be prevented if women were adequately nourished and received appropriate care during pregnancy, child birth and in the postnatal period (Singhal. K, 1998).

McClure Carlo, Wright et.al., (2007) conducted a study to evaluate the effectiveness of the World Health Organization's (WHO) essential newborn care (ENC) course in improving knowledge and skills of nurse midwives in low risk delivery clinics in a developing country. The study concluded that there are significant improvements in trainees' knowledge and skills in essential newborn care following WHO ENC course (Anne Tinker, 2002).

The survival of newborn babies depends on the care provided. International agreements have affirmed the world's commitment to improving newborn health, and recent global assessments have confirmed that doing so makes good social and economics contributions .

The risk of neonatal mortality is more acute in rural areas where expert obstetric care is scarce, and the home environmental conditions in which the baby is born, are usually unsatisfactory. Roughly 60% of birth in less developed countries occurred at home, so parents need to be educated about what they can do to save their newborn lives. Families need to adapt better nutritional practices, including breastfeeding ; learn how to dry and warm their newborns; and better understand the danger signs of maternal and neonatal complication saving newborn lives depends on a broad based condition that include donors and international organizations that can provide policy focus and finding, governments that are willing to expand their commitment to national and local health care services, and NGOs and grass roots organizations that can work with communities to pass on information on saving newborns (Park. K, 2007).

The challenges of reducing neonatal mortality require solutions through research to inform programme innovation and action-oriented policies designed to improve newborn health. In all these above programmes, the mother plays a vital role. The community health nurse can educate the mothers regarding essential new born care and regarding antenatal care and postnatal care and regarding importance of institutional deliveries and through proper guidance and education regarding essential newborn care (Benny. W. Elizabeth, 2004).

Since mothers are the primary care takers of the newborns round the clock, it is the most important priority to improve their knowledge and competency. If a mother is educated, she can educate the entire family and the community as well.

### **Need for the Study**

Newborn or neonatal period include the time from birth to 28 days of life. This is the crucial period in laying the foundation of good health. At this time specific biological and psychological needs must be met to ensure the survival and health development of the child into a future adult (Hocken Berry and Wilson, 2005).

The major causes of neonatal deaths globally were estimated to be due to complications of pre-maturity, (28%) sepsis, pneumonia (26%), birth asphyxia, injuries (23%), tetanus (7%), congenital anomalies (7%) and diarrhoea (3%). A study done by Baqui, et.al., (2006) in rural Uttar Pradesh showed that out of 618 neonatal deaths, 32% deaths were on the day of birth, 50% occurred during the first 3 days of life and 71% were during the first week of life. (Indian Institute of population 2010)

Care practices immediately after delivery play a major role in causing neonatal morbidities and mortalities. Essential newborn care practices were outlined to decrease the neonatal morbidity and mortalities. These practices include clean cord care, thermal care, and initiating breast feeding immediately after birth. The traditional practices like applying cow dung on the umbilical stump, oil instillation into nose, eyes also contribute to newborns risk of morbidity and mortality (Kesterten, A. J, 2010).

WHO reported that each year about 4 million newborns die before they are four weeks of life. Ninety eight percent of these deaths occurring in developing countries. Mortality rates are high in Sub-Saharan Africa and Asia. Two thirds of newborn deaths occur in the WHO regions of Africa (28%) and East Asia (36%).

Neonatal mortality rate is now 6.5 times lower in the high income countries than other countries. The lifetime risk for a newborn baby is 1 in 5 in Africa compared with 1 in 125 in more developed countries.

India's current neonatal mortality is higher in rural areas at 49/1000 live births than in urban area at 27/1000 live births. Orissa have the highest neonatal mortality rate of 61/1000 live births. Karnataka, Uttar Pradesh, Madhya Pradesh, West Bengal, Punjab have the neonatal mortality rate of 54/1000, 53/1000, 51/1000, 31/1000, 29/1000 live births respectively. Kerala have the lowest neonatal mortality of 10/1000 live births respectively. It is necessary together to meet both national and the millennium development goal to reduce Neonatal Mortality rate by two thirds between 1990 and 2015. In India, Andhra Pradesh stands 6 place in neonatal mortality rate of 30/1000 live births (WHO, 2011).

Still traditional practices of newborn care are seen among the mothers which are harmful to the newborn. Such as practice of pre-lacteal feeds like feeding sugar water or honey, castor oil, application of oil and powder to the umbilical cord, application of Kajal, instillation of oil in babies eye, ear and nose, baby being exposed and not covered well, lack of hygienic practices these are all contributes to the increased rate of neonatal morbidity and mortality.

Best practices of newborn care that includes maintenance of temperature, exclusive breastfeeding, skin care, eye care, cord care, prevention of infection, immunization (Mathur, N. B, 2010).

Hence as a first step, the researcher felt the need for assessing the knowledge and practices of postnatal mothers with regard to essential newborn care at Kovilpalayam, Coimbatore.

### **Statement of the Problem**

A Study to Assess the effectiveness of planned teaching programme on Knowledge and Practice of Postnatal mothers with regard to essential newborn care at Kovilpalayam, Coimbatore.

### **Objectives**

- To assess the knowledge and practice of postnatal mothers with regard to essential newborn care.
- To deliver planned teaching programme with regard to essential newborn care.
- To evaluate the effectiveness of planned teaching programme with regard to essential newborn care..
- To determine the co-relation between the knowledge and practice of postnatal mothers with regard to essential newborn care
- To find out the association between knowledge and practice with selected demographic variables

### **Hypothesis**

**H<sub>1</sub>** There is a significant difference between knowledge and practice with regard to essential newborn care in pre & post test scores.

**Operational Definitions****Assess**

It refers to examine the knowledge and practices of postnatal mothers regarding essential newborn care.

**Effectiveness**

It refers to gained level of knowledge and practice by significant difference between pre and post test scores.

**Planned Teaching Programme**

It refers to the written and verbal instructions systematically developed and designed for a selected group of post natal mothers in Kovilpalayam to provide information on essential newborn care.

**Knowledge**

Refers to the level of understanding of postnatal mothers with regard to essential new born care as measured by their correct responses to knowledge items of questionnaire.

**Practice**

It refers to the care given by the postnatal mothers to newborn after birth as indicated by observation checklist.

**Postnatal Mothers**

Refers to mothers who have undergone instrumental operative or normal vaginal delivery.

**Essential Newborn Care**

Refers to the basic care to the new born which includes maintenance of temperature, exclusive breastfeeding, skin care, eye care, cord care, prevention of infection, immunization and early recognition of danger signs.

**Assumptions**

- Postnatal mothers may not have adequate knowledge on essential newborn care.
- Teaching programme will enhance the knowledge of postnatal mothers with regard to essential newborn care.

## **CHAPTER - II**

### **Review of Literature**

One of the major functions of literature review is to ascertain what is already known in relation to a problem of interest. Review of literature is a written summary of the state of existing knowledge on a research problem. It involves systematic identification, location, scrutinization and summary of written material that contain information once research problem (Richard, 2009).

#### **The Reviews of Literature for the Present Study is Organized in 3 Sections**

- Literature related to knowledge of postnatal mothers on essential newborn care.
- Literature related to practices of postnatal mothers on essential newborn care
- Literature related to effectiveness of teaching programme on essential newborn care.

#### **Literature Related to Knowledge of Postnatal Mothers on Essential Newborn Care**

Dulitha N. Fernando (2007) conducted a cross sectional study was conducted to assess mothers knowledge on newborn care as well as factors associated with poor knowledge among hospital delivered mothers in Puttalem district of Srilanka. They had selected 446 mother-newborn pairs from five hospitals. Data were collected by using a questionnaire. Results showed that primipara (95%), unemployed women (95%) and those with delayed antenatal booking visits (95%), were more likely to have poor knowledge. Mothers had a satisfactory level of knowledge about breast



feeding and recognition of danger signs, but knowledge about care of the umbilical cord was poor. Maternal education programmes should place more emphasis on primi mothers, unemployed women and those with delayed booking Visits.

Mohamed Asif Padiyath, Bhagat (2010) conducted a descriptive study to assess the knowledge and attitude on neonatal care practices among postnatal mothers in a Tertiary Care Hospital of South India. They had selected 100 post natal mothers. Data were collected by using a structured questionnaire Results of the study showed that knowledge of mothers were inadequate in areas of umbilical cord care (35%), thermal care (76%) and vaccine preventable diseases (19%), of them still practice oil instillation into nostrils, 61% of them administer gripe water to their babies. The study indicated that awareness and attitude of postnatal mothers towards neonatal care has lots of lacunae among low socio economic status.

Vidhya. K (2011) conducted a pre-experimental study to assess the effectiveness of innovative teaching programme on newborn care among antenatal mothers in Raja Muthaiah Hospital in North India. They had selected 30 antenatal mothers by convenient sampling technique. Data were collected by using a structured questionnaire. The pre-test results showed that 97% of the antenatal mothers had inadequate knowledge on newborn care and post test results showed that 70% of the antenatal mothers gained adequate knowledge on newborn care and 30% of antenatal mothers gained moderately adequate knowledge on newborn care. This study demonstrated that video teaching programme was effective in imparting knowledge to the antenatal mothers.

Romano. N, Byurohanya, et.al., (2009) conducted a qualitative study to explore the perceptions among postnatal mothers of skin to skin contact and newborn baby care at St. Francis Hospital, Nsawhya, Uganda. They had selected 30 mothers. Data were collected by using interview method. The study showed that mother expressed varying opinions about the usefulness of skin to skin contact, some knew about its use to reduce the risk of hypothermia, whereas some believed skin to skin contact was an intervention used to distract them from the pain in the post delivery period. The study concluded the health care providers need to be encourage to continuing educate and implements skin to skin contact.

Usha. M. Bhandari, Khorde, et.al., (2010) Conducted a study to evaluate the effectiveness of planned teaching progress on knowledge of mothers on prevention of hypothermic among newborns in selected hospitals of Belgum, Karnataka. They had selected 30 postnatal mothers by non-probability sampling technique. Data were collected by using a structured interview schedule. The study results showed that there was statistically significant association between knowledge of mothers and age and religion and there was no statistical association between knowledge of mothers.

### **Literature Related to Practices of Postnatal Mothers on Essential Newborn Care**

Sabiter Tokedhar (2010) Conducted a study to assess the factors that have an impact on newborn care practices in Sindhuri district of Nepal. They had selected 815 postnatal mothers. Data were conducted by using a Interview technique. Results of the study 70% were uneducated and the majority were poor. Safe cord cutting, early breastfeeding and delayed bathing practices were studied for 803, 810 and 812 women respectively and 70.7%, 46.7% and 16.6% of the eligible sample

demonstrated practices respectively. Social gradient was found to be associated with all three practices. Rich women were more likely to demonstrate good practices and bearing a child at the prime age (20-34 years) was likely to result in safe cord cutting. Disadvantage indigenous. Women demonstrated unsafe cord cutting practices and Dalit caste/ethnicity women demonstrated poor bathing practices. Maternal knowledge also emerged as a strong predictor of early breastfeeding and delayed bathing practices.

Fikree. F. F, Durecher. J. M (2005) conducted an exploratory study to explore traditional beliefs and care practices and to assess the predictors for giving prelacteal feeds in low socio-economic status of Karachi, Pakistan. They had selected 525 recently delivered women. Data were collected by using structured questionnaire. Study results showed that 41% were given pre lacteals as first feed, 82% newborns were bathed immediately after delivery as the vernix was considered dirty. However, honey (28.7%) and water (11.8%) were also given in-order to reduce colic and act as a laxative which were perceived as health benefits by mother.

Allison. C. Moren, et.al., (2008) a study to explore the new born care practices among slum dwellers in Dhaka, Bangladesh. They had selected 1, 256 postnatal mothers. Data were collected by using semi structured interviews. Results showed that 84% of women gave birth at home. 64% of mothers had knowledge about drying the baby, 59% of the mothers had knowledge on wrapping the baby after birth and 46% of the mothers had knowledge on cord care. Almost all women reported using sterilized instruments to cut the cord. Exclusive breastfeeding was rare. Most women reported first giving their babies sweet water, honey and other foods. The study

concluded that educational programmes are needed to provide new born care immediately after birth delaying bathing and ensuring dry cord care and exclusive breastfeeding.

Ahmed. F. U, Rahuken, Aleem (2010) conducted a study to find out the factors influencing the pre-lacteal feeding and its relation to establishment of lactation in rural Bangladesh. They had selected 420 post-natal mothers in early post partum period. Data were collected by using Interview technique. Results showed that pre-lacteal feeding was given to 77% of the babies, and honey was given to 72% as them. The common methods of prelactated feeding were by finger (41%) and spoon (40%). These observation emphasized the need for coordinated efforts for promotion of proper infant feeding practices in rural community. Reasons of giving pre-lacteal feeding and the time of first breast feeding influenced the practice significantly ( $p<0.05$ ). Type and duration of pre-lacteal feeding had significant negative influence on Lactation ( $p<0.05$ ).

Darm Stadd. G. L, et.al., (2007) conducted a survey to assess the newborn home care practices during the first week of life in Rural Egypt. They had selected 217 Mothers. Data were collected by using questionnaire. The study revealed that (44%) were given pre-lacteals as first feed (4.3%) of Mothers reported that they did not wash their hands before giving care to baby, 7% washed hands after diaper changes. Thermal control was not practiced although Mothers perceived 22% of newborn to be hypothermic. The study included that mothers need education on new born practices to improve neonatal health.

Amy. J. Kesterton (2010) conducted a study to assess the healthy and harmful practices in the Newborns in Karnataka. They had selected postnatal mothers. Data were collected by using interview survey. The study results showed that many potentially harmful newborn care practices were unhygienic cord cutting, delayed breastfeeding and early bathing. Study concluded that the national rural health mission and integrated management of Neonatal and childhood illness (IMNCI) programs being implemented in Karnataka.

### **Literature Related to Effectiveness of Teaching Programme on Essential Newborn Care**

Thomas, Saloni (2005) conducted a comparative study to assess the knowledge and practices of postnatal mothers regarding neonatal care from selected urban and rural settings of Bangalore. They had selected 60 postnatal mothers by purposive sampling technique. Data were collected by using interview schedule. The study results showed that the knowledge score of postnatal mothers from rural settings was 38.43% and mothers from urban setting were 49.77%. There was positive correlation between knowledge and practice except knowledge and practice of umbilical cord care. Significant Association was found between mothers knowledge and their age, occupation and parity status. This study concluded that postnatal mothers from urban setting had more knowledge and good practice then postnatal mothers from rural setting.

Bhatt Shwetal, Parikh Pooja, et.al., (2011) conducted a study to assess the knowledge, attitude and practice of postnatal mothers for early initiation of Breastfeeding in the obstetric wards of a tertiary care hospital of Vadodara city. They

had selected 175 postnatal mothers. Data were collected by using a structured Questionnaire with open and close ended question results showed that 32.6% mothers initiated breastfeeding within one hour of delivery. Incidence of early initiation of breastfeeding in Mothers less than 21 years of age was 29.4%, 24.6% in illiterate mothers and 25% in those delivering by caesarian section. Early initiation of breast feeding was maximum (46.7%) in the first and minimum (24.31%) in the third shift of work of health care workers. Most common causes of delay in initiating breastfeeding were caesarian section and fatigue (29.7% and 21.2%) respectively. Lack of adequate information, maternal education level, socio economic factors influences the early breast feeding practices which can be overcome by proper support, care is counselling.

M. Sai Sunil Kishore (2010) conducted a study to assess the breastfeeding knowledge and practices among mothers in a rural population of north India. They had selected 77 mothers. Data were collected by using interview schedule results showed that 30% exclusive breastfeeding, their infants till 4<sup>th</sup> month and 10% exclusive breastfeeding their infant still 6months of age. There was good attachment in 42% mothers. Infant pairs and infants were held in correct position by 60% mothers. Thirty-nine percent of the mothers had satisfactory breastfeeding knowledge. Study concluded that exclusive breastfeeding practices and breastfeeding knowledge were suboptimal among the rural North Indian mothers.

Obimbo (2010) conducted a study to assess the knowledge, attitude and practices of mothers and the knowledge of health workers regarding care of umbilical cord at Nairobi, Kenya. They had selected 307 mothers. Data were collected by using

interview method. The results showed that 91% of mothers knew of the need for hygiene during cord cutting and tying the cord. Regarding postnatal cord care 40% had good knowledge and 66% had good practice, 54% practice postnatal cord care and 74% mothers were afraid of handling and unhealed cord. 50% of health worker had correct knowledge on type of postnatal cord care. This study recommended that health education on cord care be given at all levels of contact with mothers.

Bhavana Singh (2010) conducted a case study to assess the knowledge, attitude and practices of breastfeeding among postnatal mothers in University Hospital, Kumasi, Ghana. They had selected 200 mothers. Data were collected by interview method. Study results showed that the prevalence of breast feeding was 100% and an average duration of breast feeding was about 18 months. Thirty eight percent of mothers give water to their babies soon after birth. Most of the mothers were found to know the importance of breast milk as being nutritious (80%), promoting bonding between mother and child (99%) and being cheaper than buying supplements (81%). However, (38%) of mothers disagreed to the contraceptive benefits of breast feeding.

Helmy. F. E (2009) conducted a comparative study to assess the mothers knowledge and practices of basic newborn care given at home in Tanta City. They had selected 55 primipara and multipara mothers with newborn babies. Data were collected by interview, questionnaire and observation checklist. The study revealed that mother knowledge and practices were good and satisfactory related to newborn care except breastfeeding. Significant differences were found between primipara and multipara mothers related to basic newborn care.

## **Conceptual Framework**

Conceptual frame work deals with the interrelated concepts that assembled together in some rational scheme by virtue of their relevance to a common theme.

The conceptual frame work of the present study is based on Rosenstocks and Beckers health belief model (1974) The model provides a way of understanding and predicting how people or an individual behave in relation to their health and they modify the risk factors and what preventive actions they take to maintain health.

Rosen stocks and Beckers Health Belief Model described the following components

1. Individual perceptions
2. Modifying factors
3. Likelihood of action

### **Individual Perceptions**

- Perceived susceptibility which means that the feelings of an individual about disease.
- Perceived seriousness which is concerned about the consequences of disease.
- Perceived threat, which determines the threat of illness.

### **Modifying Factors**

Factors that modify a person perception which include the following.

- Demographic variables, comprises of age, education, occupation, income, religion, Type of delivery by using these variable knows the postnatal mothers knowledge and practices regarding newborn care.



- Socio psychological variables, which are concerned about social pressure, influence from peers or from other reference group then they will provide good health and well being.
- Perceived barriers to action.
- Individuals take action measures to reduce barriers

### **Cues to Action**

It includes internal cues and external cues. The cues to action makes the individual become conscious of feelings and begin thinking about how to deal with the newborn.

#### **Internal Cues**

- Previous experiences
- Knowledge about newborn care
- Strong attachment to the baby
- Traditional practices

#### **External Cues**

- Mass media campaign
- Information from friends and relatives and health care providers
- News papers
- Health related magazine articles

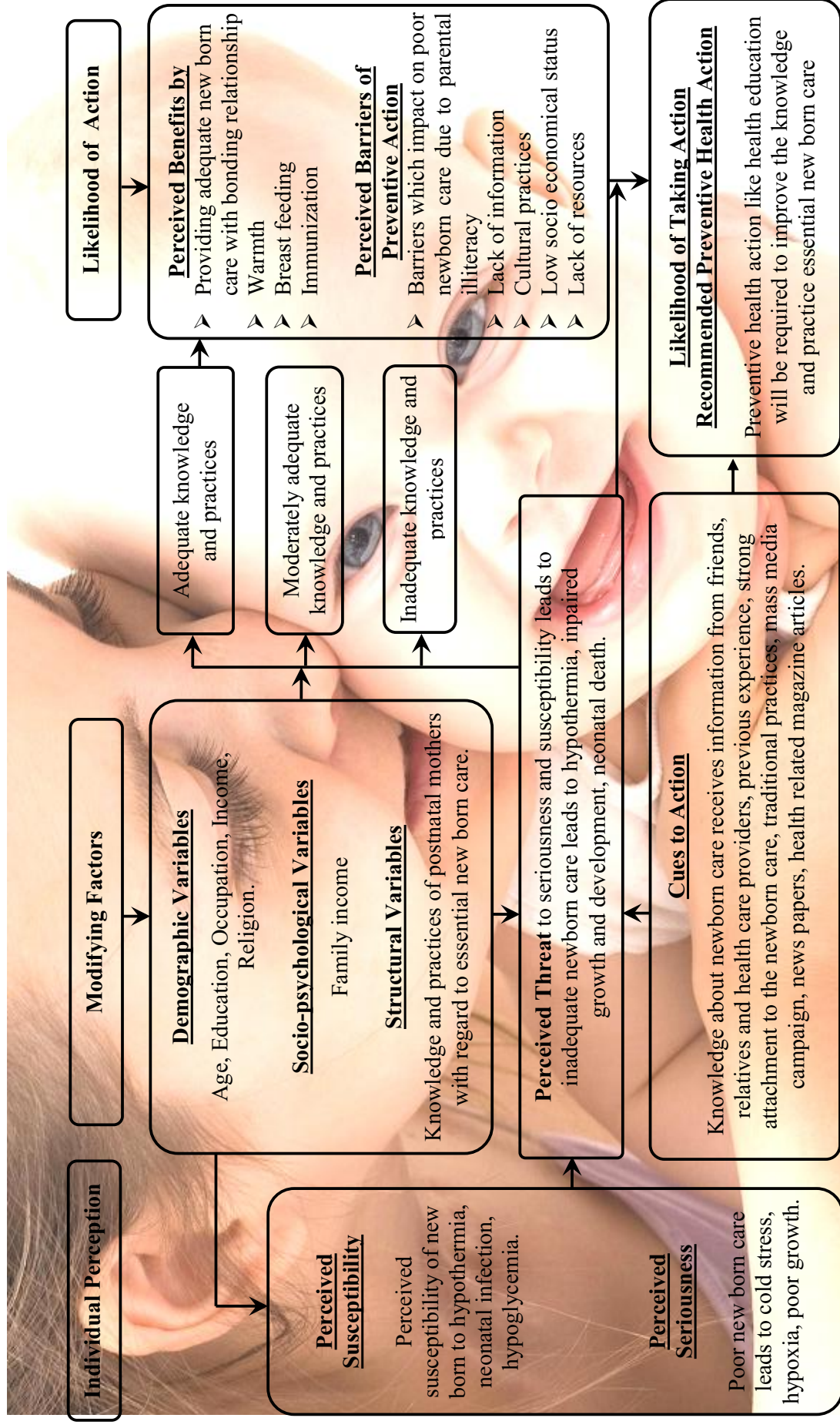
### **Likelihood of Action**

- The third component likelihood of action depends on the perceived benefits of action minus the perceived barriers to the action.

- **Perceived Benefits of the Action :** Individual take specific preventive measures to prevent illness. Postnatal mothers provides adequate newborn care in promoting health of newborn, bonding relationship, providing warmth, breast feeding, immunization, prevention of infection. Mothers with adequate knowledge and practices follows newborn care effectively and promotes overall development of newborn.
- **Perceived Barriers to Action :** Individual take action measures are reduced the barriers in action. Barriers which has impact on providing care to the newborn. Those are parental illiteracy, lack of information regarding newborn care, cultural practices, low social economic status, lack of resources. Mothers moderate adequate and inadequate knowledge and practices lead to lack of skills in providing newborn care. Many barriers restrict the mother not to practice newborn care.
- **Likelihood of Taking Recommended Action :** Preventive health action like health education will be required to improve the knowledge and practices to provide newborn care.

Conceptual framework of the present study assumes that the postnatal mothers will have some knowledge regarding essential newborn care which is influenced by age, education, occupation, income, religion, type of delivery and parity and also by different sources of information like advises from friends and relatives, mass media, previous experience, news papers which is affected with demographic variables.

The investigator will assess and analyze the knowledge and practices of postnatal mothers with regard to essential newborn care based on the knowledge deficit area, health education module will be required to improve the knowledge.



**Figure. 1** Modified Conceptual Framework Based on Modified Rosen Stock and Becker's Health Belief Model

## CHAPTER- III

### Methodology

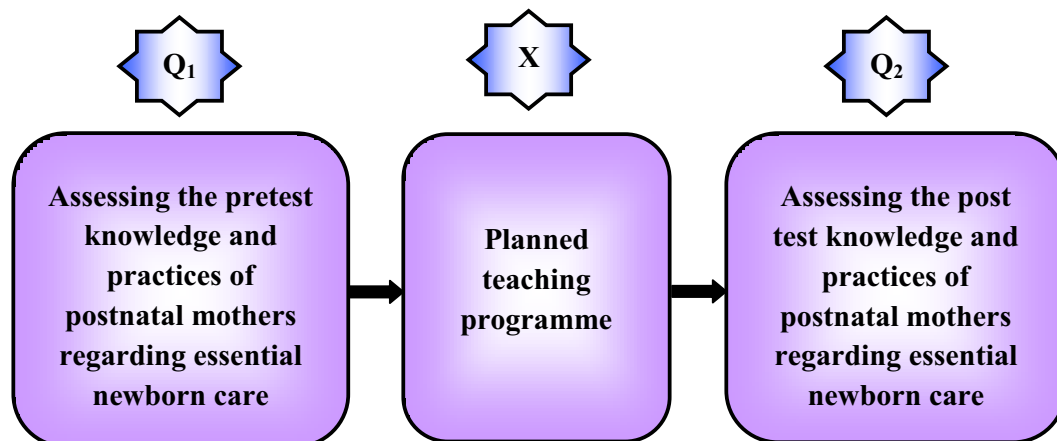
Methodology is the way to solve the problem systematically, that includes steps of procedure and strategies of the data. In this section the researcher discusses the research approach, research design, setting of the study, population, sample size, sampling technique, criteria for the selection of sample. Description of tool, content validity, reliability, data collection procedure and plan for data analysis.

#### Research Approach

Experimental approach, a subtype of quantitative approach was used for the present study. Quasi experimental involves the manipulation of an independent variable that is implementing of an intervention.

#### Research Design

The research design provides an overall plan for conducting the study. One group pre-test post test experimental design.  $Q_1$  is pre-test assessment,  $Q_2$  is post test assessment and X is intervention.



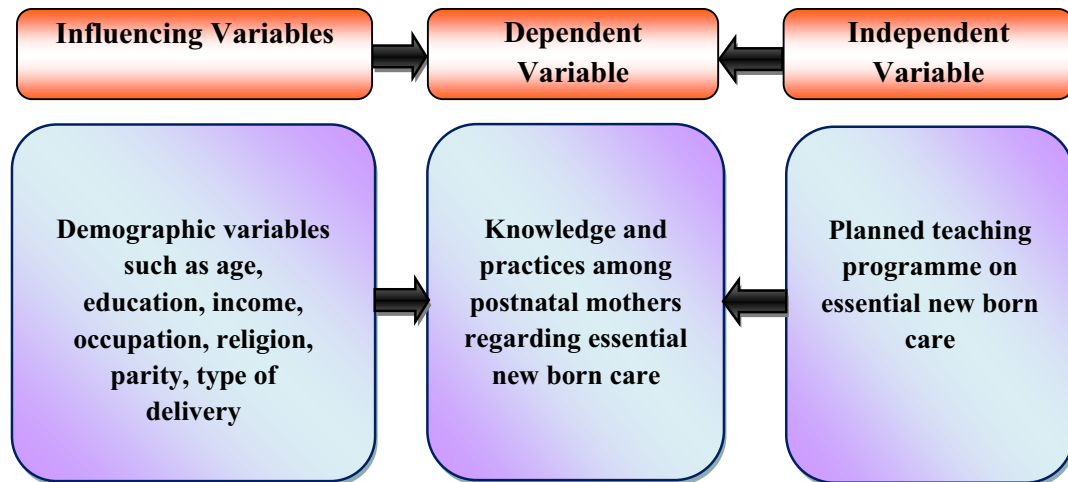
**Figure.2** The Schematic Representation of the Research Design

### Setting of the study

The study was conducted at Kovilpalayam village, Coimbatore, which is situated 5kms away from the college.

### Variables

Independent variable was planned teaching programme on essential newborn care among postnatal mothers. The dependent variable was knowledge and practices of postnatal mothers regarding essential newborn care. Influencing variables were demographic variables.



**Figure. 3 The Schematic Representation of the variables**

### Population

The population of the study includes postnatal mothers at Kovilpalayam, Coimbatore.

### Sample Size

The sample size included for the study consists of 50 post natal mothers in Kovilpalayam.

**Sampling Technique**

Non probability convenient-sampling technique was used for selecting the samples.

**Criteria for Selection of Samples****Inclusive Criteria**

- Postnatal mothers at Kovilpalayam, Coimbatore.
- Mothers who are able to communicate freely in Tamil/English
- Mothers who are at the age group 18-40 years
- Mothers of any level of education

**Exclusive Criteria**

- Mothers who have babies more than one month of age
- Mothers who are not willing or unable to participate in this study
- Mothers who are medical/nursing profession

**Description of the Tool**

The researcher has developed a structured questionnaire after reviewing the literature and considering the opinion of pediatric nursing experts, to assess the knowledge and practice regarding selected aspects on essential newborn care.

**Selection - 1 Description of Demographic Variables**

It includes age of the mother, educational status, occupation, income, religion, type of delivery, parity.

**Section - 2 Knowledge Questionnaire**

It consists of 25 multiple choice questions to assess the knowledge regarding essential new born care. Each question has 4 options in which one option correct and other 3 options are wrong. Each correct answer carries one mark, wrong answer carries zero mark.

**Section - 3 Practice Questionnaire**

It consists of 15 statements to assess the practice of essential newborn care among postnatal mothers. Both positive and negative questions are formed based on observational check list.

**Testing of the Tool****Content Validity**

The tool was given to five experts in the field of pediatric nursing and medicine for content validity. All comments and suggestions given by the experts were duly considered and corrections were made after discussion with the research guide.

**Reliability**

The reliability of the tool was found by spearman brown split half technique showing for knowledge of  $r=+0.79$  for practice  $+0.83$  the reliability of the tool was satisfactory.

**Pilot Study**

In order to test the relevance and practicability of the study, the pilot study was conducted among 5 postnatal mothers at Kovilpalayam. The knowledge and

practices regarding essential newborn care were assessed with the prepared questionnaire. The planned teaching programme was given with the help of power point presentation. The result of the pilot study showed that inadequate knowledge and practices regarding essential newborn care in pre test and gain knowledge and good practice in post test.

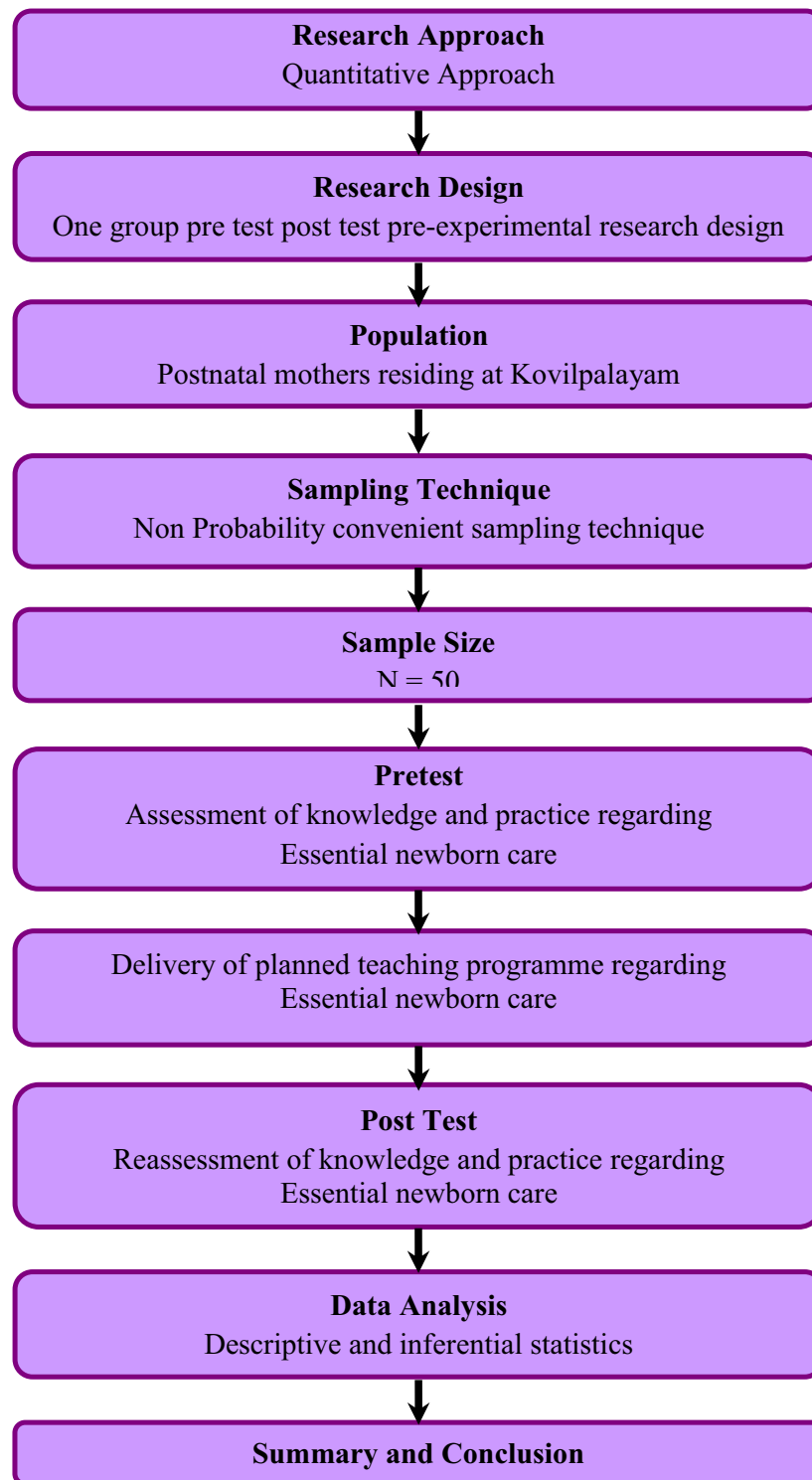
### **Data Collection Procedure**

After getting permission from the medical officer of Kovilpalayam PHC, the researcher met the mothers. The purpose and duration of the study was explained to the mothers in rural areas and their informed oral consent were obtained. The study was carried out for a period of 4 weeks from 02.01.2015 to 31.01.2015 . The sample was collected by non probability convenient sampling with reference to the selected criteria. The questionnaire was distributed to assess the knowledge and practices on essential newborn care. After pre-test planned teaching programme was given through power point presentation . The teaching took about 40-45 minutes for group teaching. The mothers were encouraged to clarify their doubts, post test was conducted on the 14<sup>th</sup> day to assess the effectiveness of teaching in improving the knowledge and practices regarding essential newborn care by using the same questionnaire. Data collected from 3-4 mothers per day, It took 15-20 minutes to gain information for each sample.

### **Plan for Data Analysis**

The investigator adopted descriptive and inferential statistics to analyze the data. The demographic variables were analyzed by using frequency and percentage. The effectiveness of planned teaching programme and association between variables were analyzed by using 't' test and  $\chi^2$  test respectively.





**Figure. 4** The Overall View of Research Methodology

## **CHAPTER - IV**

### **Data Analysis and Interpretation**

This chapter deals with the analysis and interpretation of data, collected from 50 postnatal mothers, through structured questionnaire. The data collected are tabulated, analysed and interpreted by using descriptive and inferential statistics.

The analysis and interpretation of data are presented under 4 sections.

**Section - I**      Distribution of demographic variables.

**Section - II**     Description about the knowledge and practice of postnatal mothers with regard to essential new born care.

**Section - III**    Distribution of correlation between knowledge and practice of postnatal Mothers with regard to essential new born care.

**Section - IV**    Association of selected demographic variables with level of knowledge and practice of postnatal mothers with regard to essential new born care.

## SECTION - I

**Table. 1** Distribution of Demographic Variables of Postnatal Mothers

(N = 50)

S.No.	Demographic Variables	Frequency (f)	Percentage (%)
1.	<b>Age of the Mother</b>		
	a) 18-25 years	11	22%
	b) 26-30 years	17	34%
	c) 31-36years	22	44%
	d) 36 and above	0	0
2.	<b>Education</b>		
	a) Illiterate	14	28%
	b) 1 <sup>st</sup> -10 <sup>th</sup> standard	22	44%
	c) Higher secondary	9	18%
	d) Graduation and above	5	10%
3.	<b>Religion</b>		
	a) Hindu	33	66%
	b) Christian	9	18%
	c) Muslim	8	16%
4.	<b>Parity</b>		
	a) First delivery	18	36%
	b) Second delivery	29	58%
	c) Third delivery	3	6%
	d) Fourth delivery and above	0	0

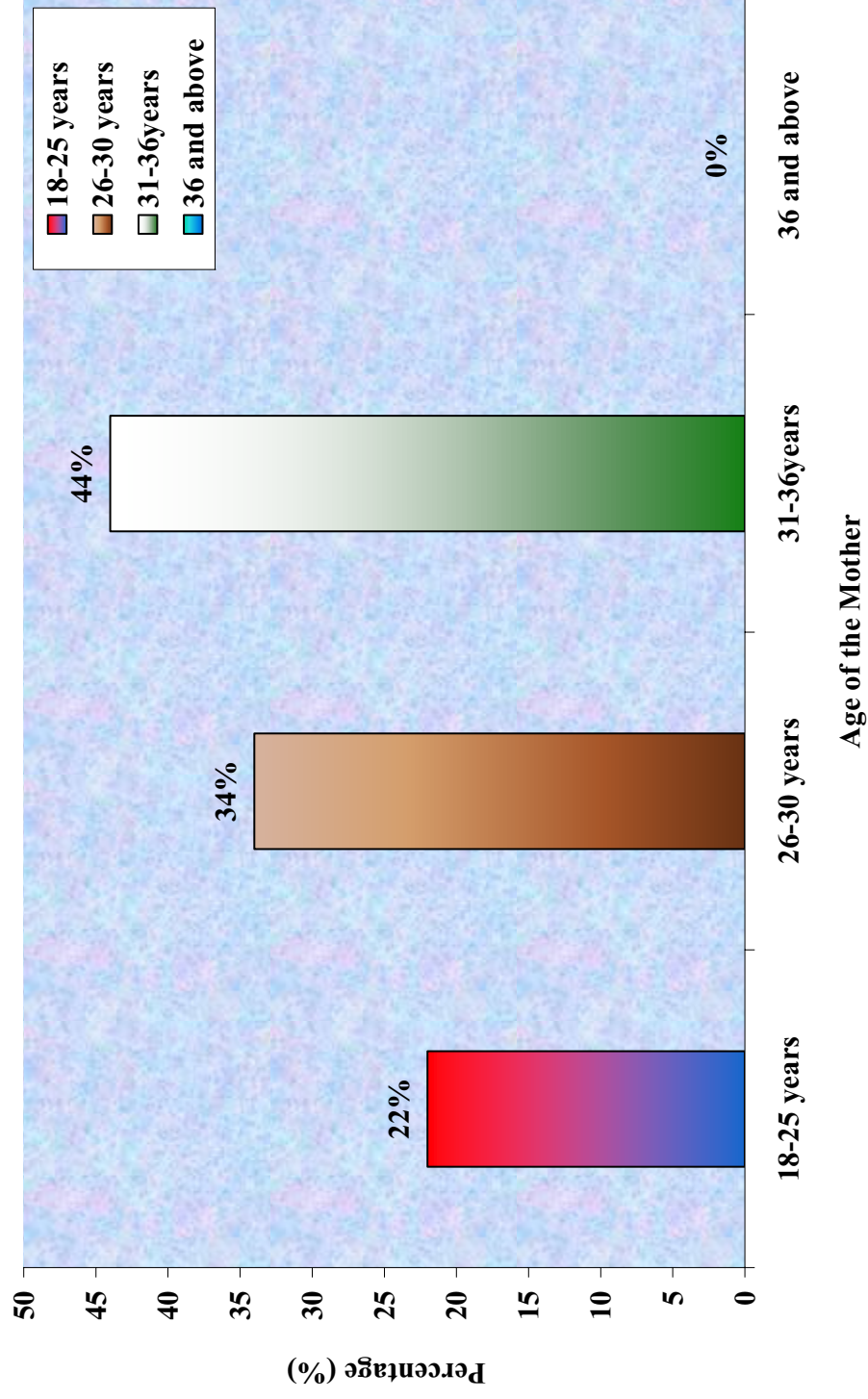
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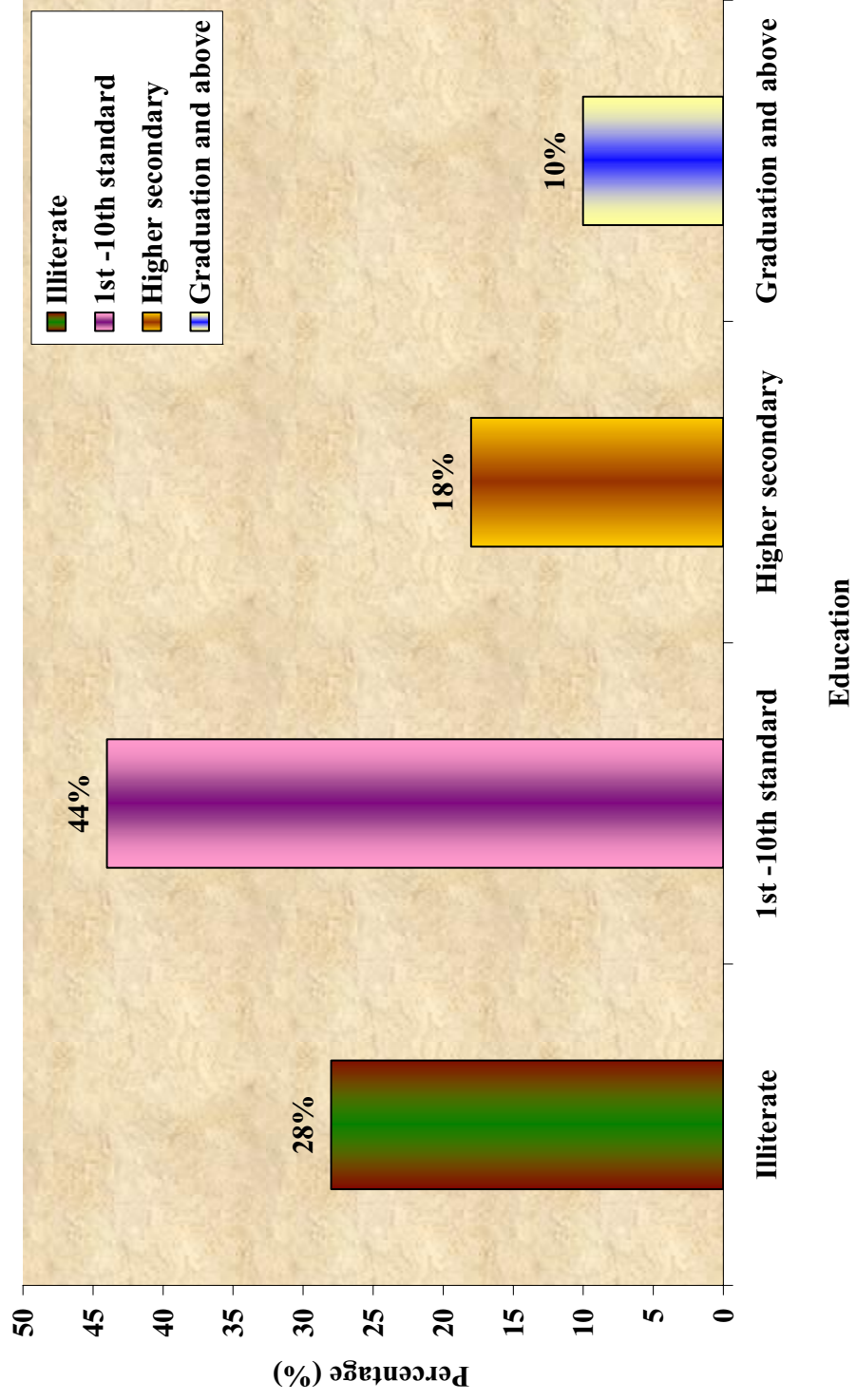
S.No.	Demographic Variables	Frequency (f)	Percentage (%)
5.	<b>Type of delivery</b> a) Vaginal delivery b) Instrumental delivery c) Lower segment cesarean section	24 4 22	48% 8% 44%
6.	<b>Family Income</b> a) Less than ₹. 5, 000/- per month b) ₹. 5001/- to 10, 000/- per month c) ₹. 10, 001/- to 15, 000/- per month d) More than ₹. 15, 001/- per month	14 22 9 5	28% 44% 18% 10%
7.	<b>Age of the child</b> a) 1 <sup>st</sup> day – 6 <sup>th</sup> day b) 7 <sup>th</sup> day - 14 <sup>th</sup> day c) 15 <sup>th</sup> day - 21 <sup>st</sup> day d) 22 <sup>nd</sup> day - 28 <sup>th</sup> day	22 14 9 5	44% 28% 18% 10%
8.	<b>Sex of child</b> a) Male b) Female	30 20	60% 40%
9.	<b>Weight of the baby</b> a) 2 - 2.5 kgs b) 2.5 - 3.0 kgs c) 3.0 - 3.5 kgs d) Above 3.5 kgs	10 16 19 5	20% 32% 38% 10%

Table 1 reveals distribution of demographic variables of post natal mothers.

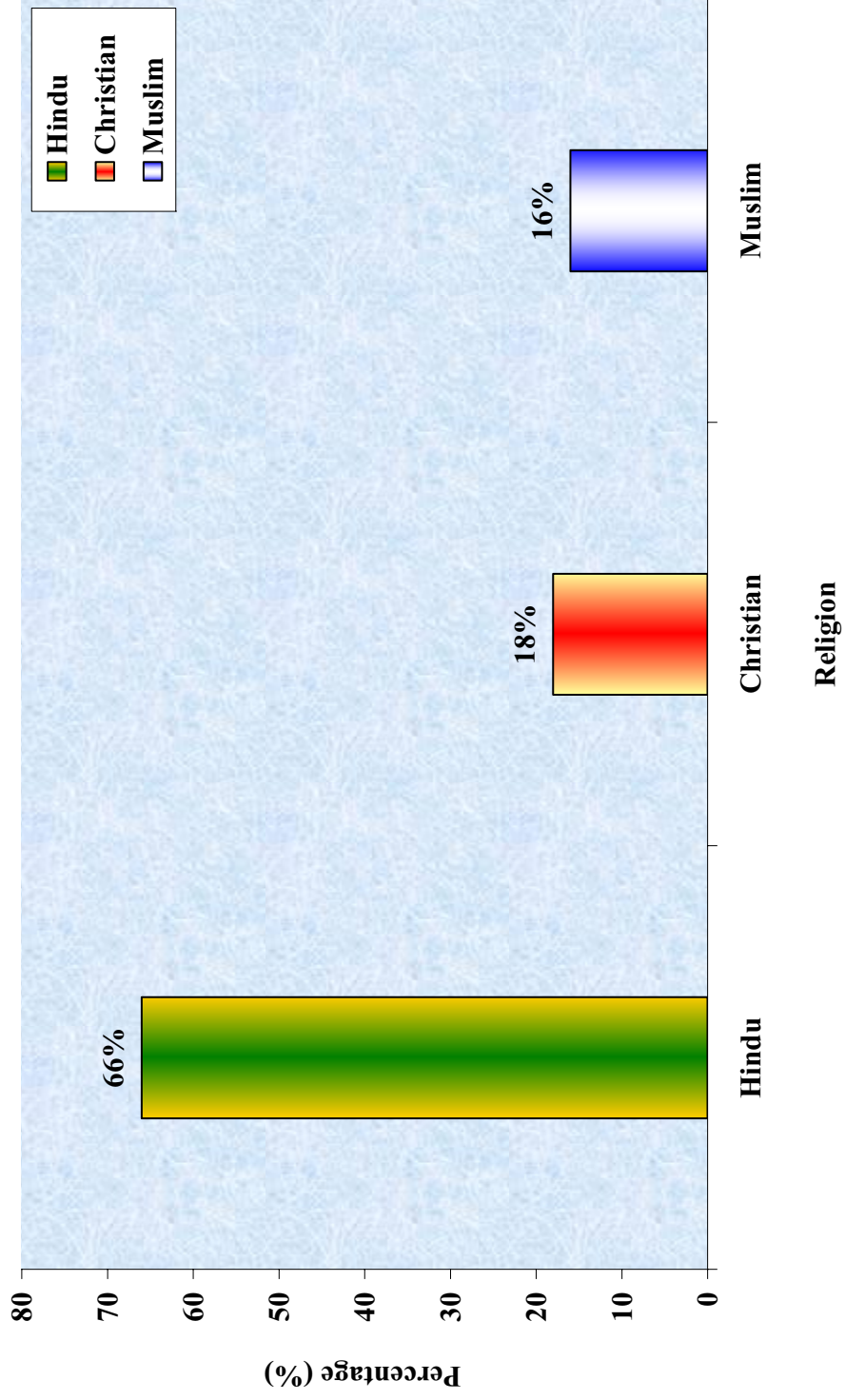
- Regarding age of the mother 11(22%) are the age group of 18-25 years, followed by in the age group of 26-30 years 17( 34%) and most of them were in the age group of 31-36 years 22( 44%), no mother belongs to the age group of 36 and above .
- With regards to education of the mother 14 (28%) are illiterate, 22 (44%) of mothers were having education upto 10<sup>th</sup> standard, followed by higher secondary education 9 (18%), graduation and above are 5 (10%).
- Regarding religion that most of the post natal mothers are belongs to Hindu 33 (66%), followed by Muslim 9(18%), Christians are 8(16%).
- With regard to parity is concerned, 1<sup>st</sup> delivery mothers are 18 (36%), almost 29 (58%) are 2<sup>nd</sup> delivery, followed by 3<sup>rd</sup> delivery are 3(6%), fourth delivery and above are not present.
- Regarding the type of delivery is taken into consideration, most the postnatal mothers got normal delivery 24 (48%), lower segment cesarian section 22(44%), instrumental delivery 4 (8%).
- Regarding family income 14 (28%) was less than ₹. 5000, 22 (44%) were ₹. 5001-10000, 9 (18%) were ₹. 10001 -15000, 5 (10%) were 15001 and above.
- Regarding the age of the child 22 (44%) are in the first 6 days, 14(28%) are 7<sup>th</sup> – 14<sup>th</sup> day, 9(18%) are 15<sup>th</sup> – 21<sup>st</sup> day baby, 5(10%) are belongs to 22<sup>nd</sup>– 28<sup>th</sup> day.
- With to sex of the baby 30(60%) are male, 20 (40%) are female child.
- With regard to weight of the baby 10(20%) babies are 2-2.5kg, 16(32%) are 2.5-3 kg, 19 (38%) are 3-3.5 kg, 5 (10%) weigh above 3.5 kg.



**Figure. 5** Distributions of Demographic Variables According to the Age

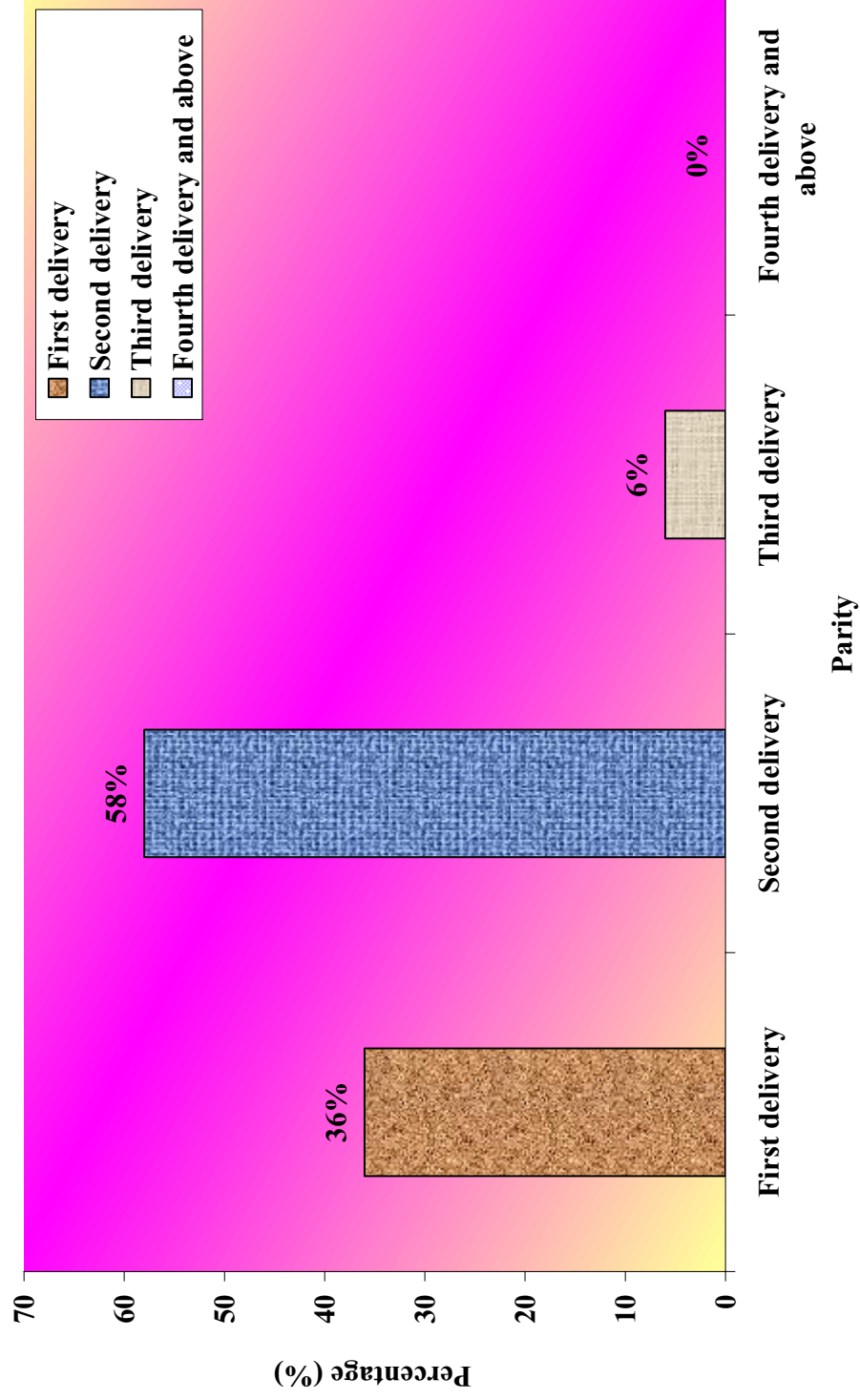


**Figure. 6** Distribution of Demographic Variables According to the Education

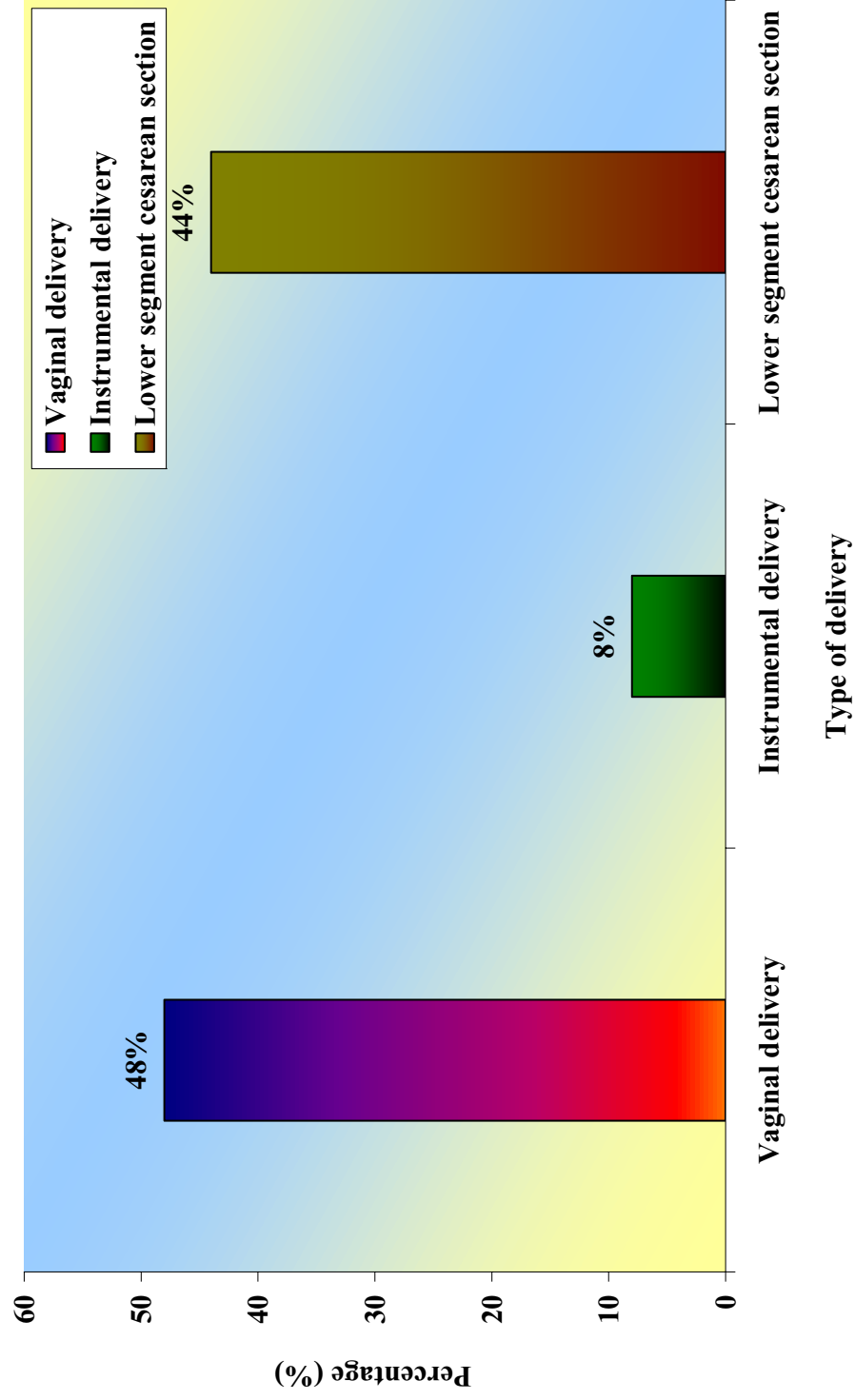


**Figure. 7** Distribution of Demographic Variables According to the Religion

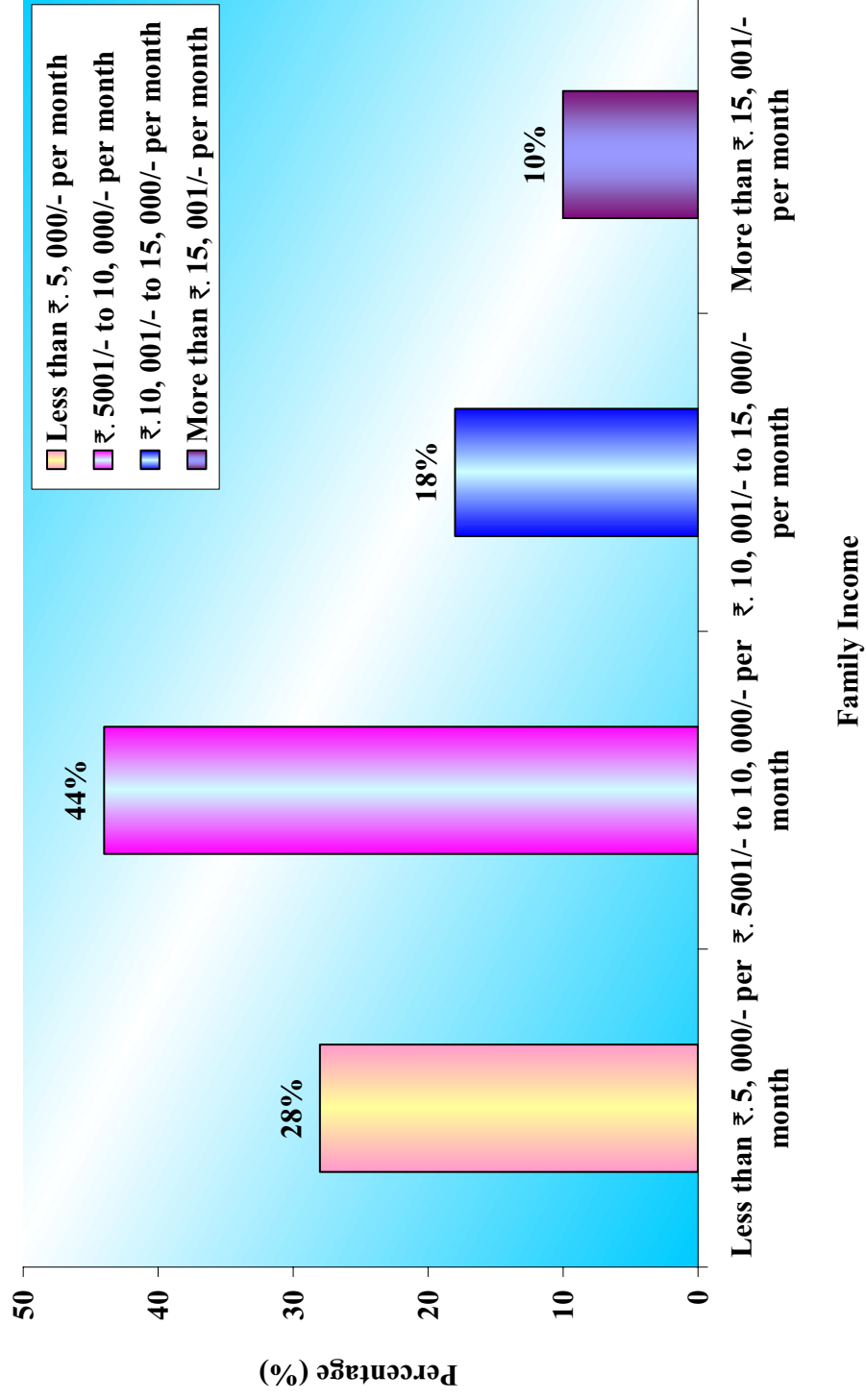




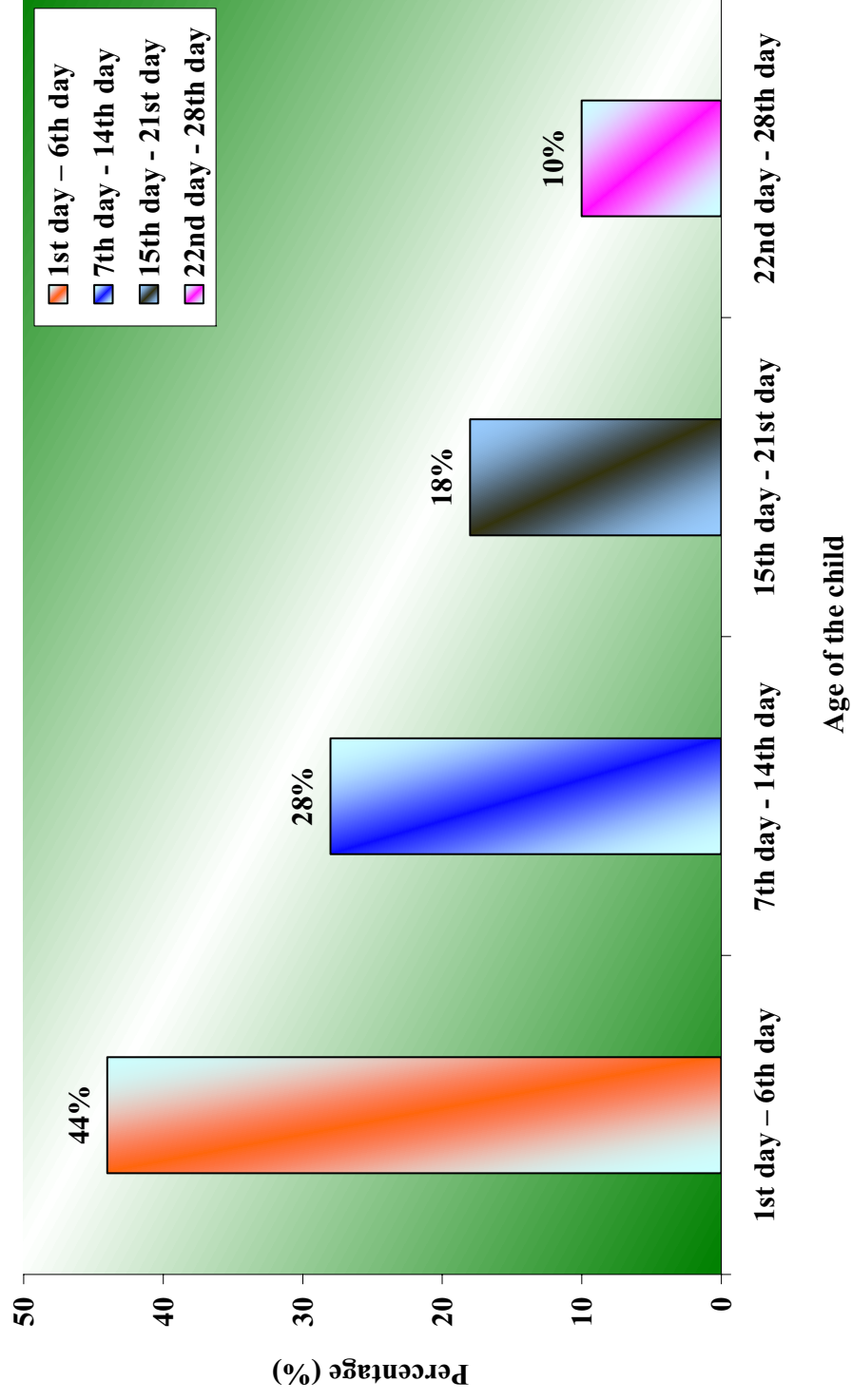
**Figure. 8** Distribution of Demographic Variables According to the Parity



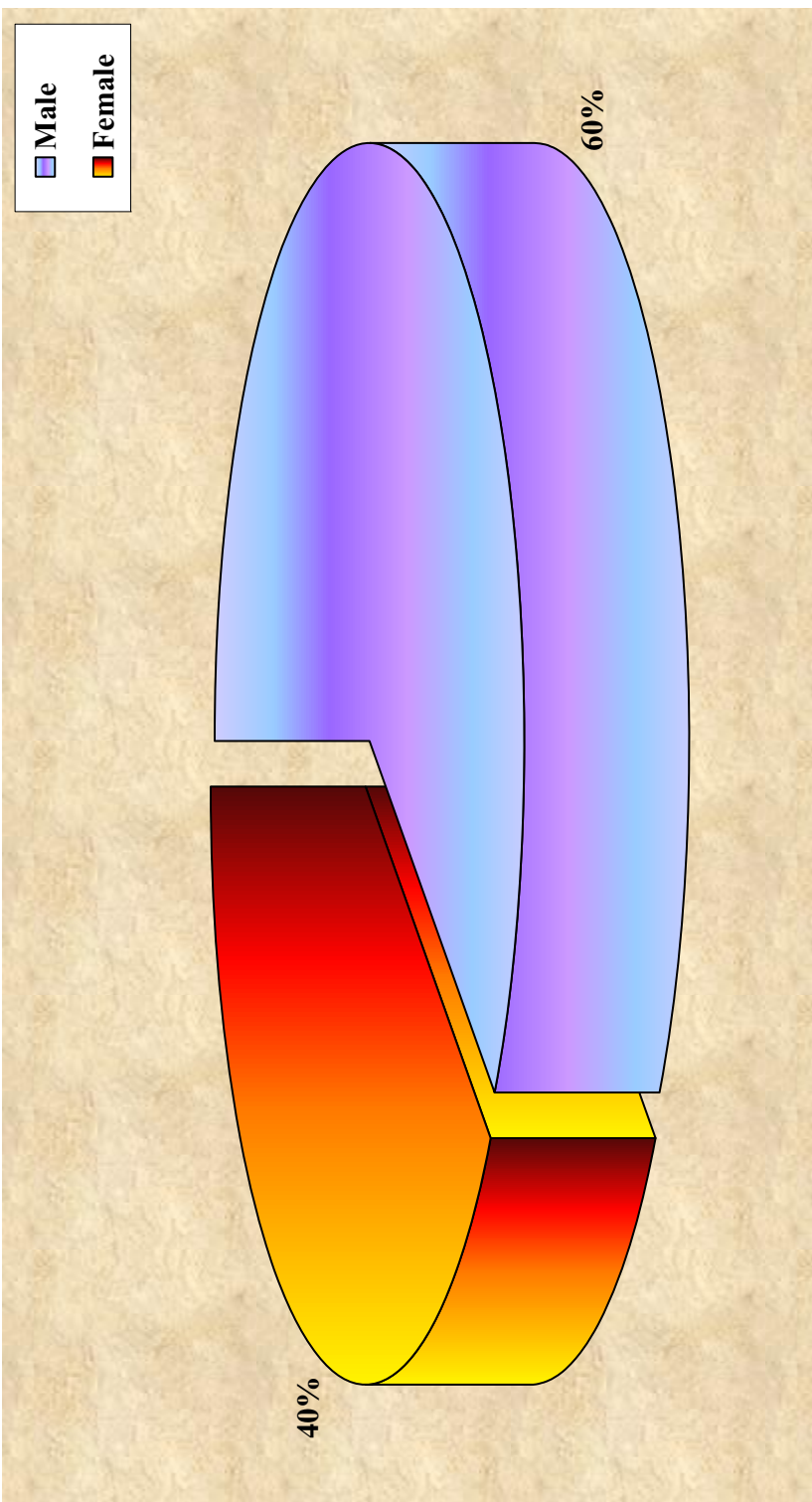
**Figure. 9** Distribution of Demographic Variables According to the Type of Delivery



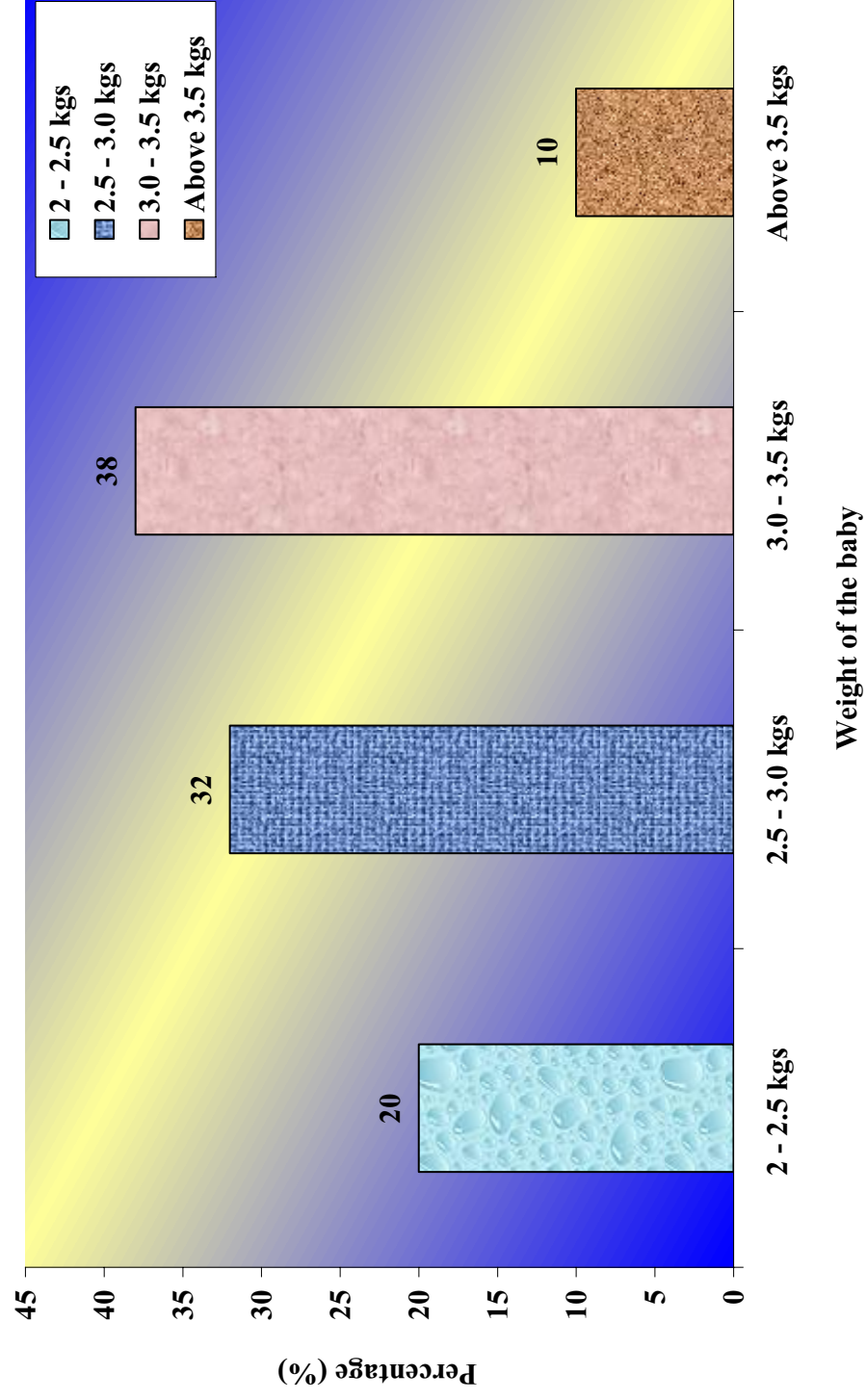
**Figure. 10** Distribution of Demographic Variables According to the Family Income



**Figure. 11** Distribution of Demographic Variables According to the Age of the Child



**Figure. 12** Distribution of Demographic Variables According to the Sex of the Child



**Figure. 13** Distribution of Demographic Variables According to the Weight of the Baby

## SECTION – II

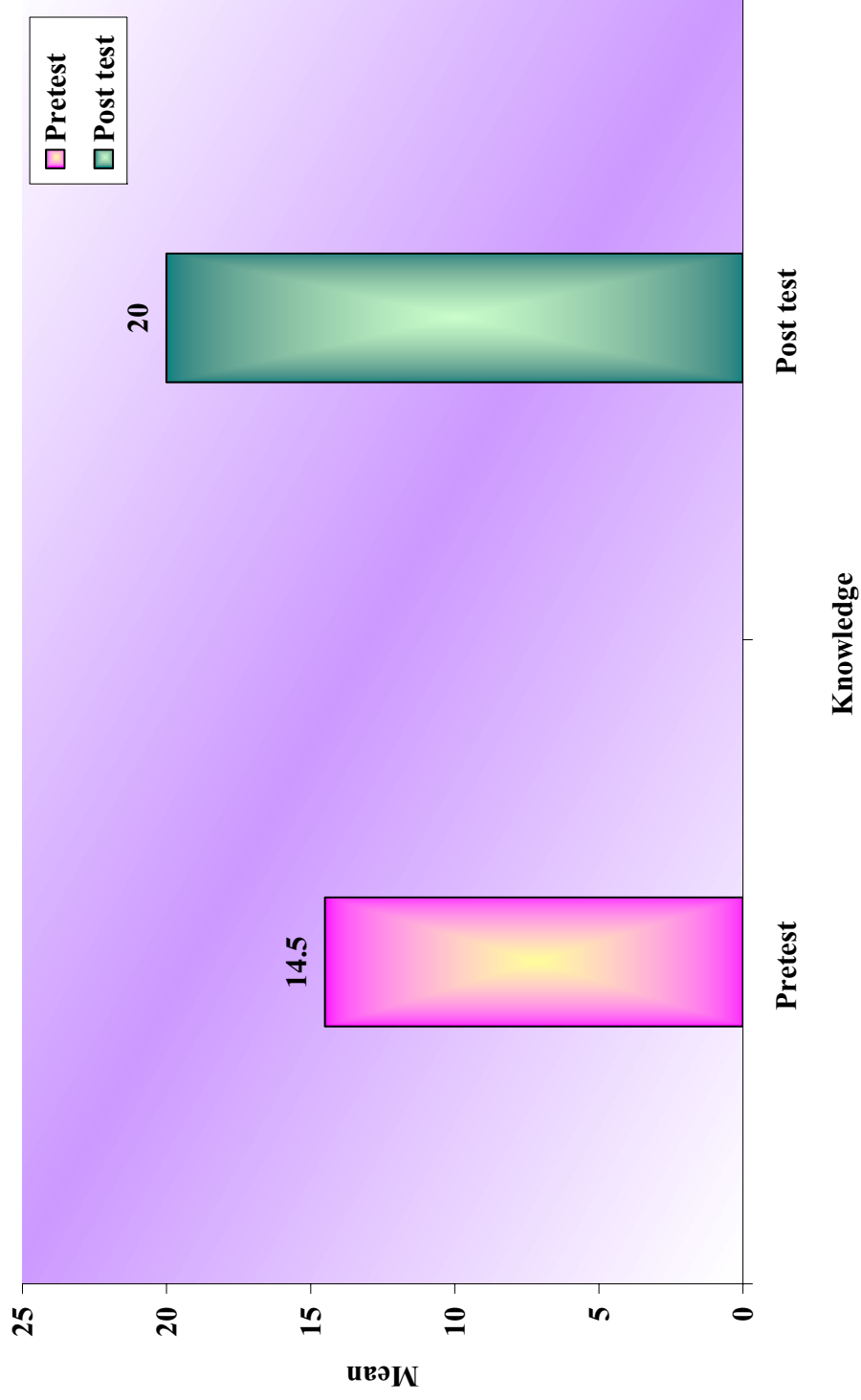
**Table. 2** Distribution of Statistical Value of Pretest and Post Test Knowledge Scores of Postnatal Mothers with Regard to Essential New Born Care

(N = 50)

S.No.	Knowledge	Mean	S.D	't' value
1.	Pretest	14.5	3.76	15.5*
2.	Post test	20	1.4	

\*significant at 0.05 level

Table 2 shows that the pre test mean score was 14.5 and post test mean score was 20. The calculated t value 15.5 at (49 df ) is significant at 0.05 level. The findings implies that the planned teaching programme has significant effect in the improvement of knowledge regarding essential newborn care.



**Figure. 14** Comparison of Mean Score of Pretest and Post Test Knowledge Score Regarding Essential New Born Care Among Postnatal Mothers



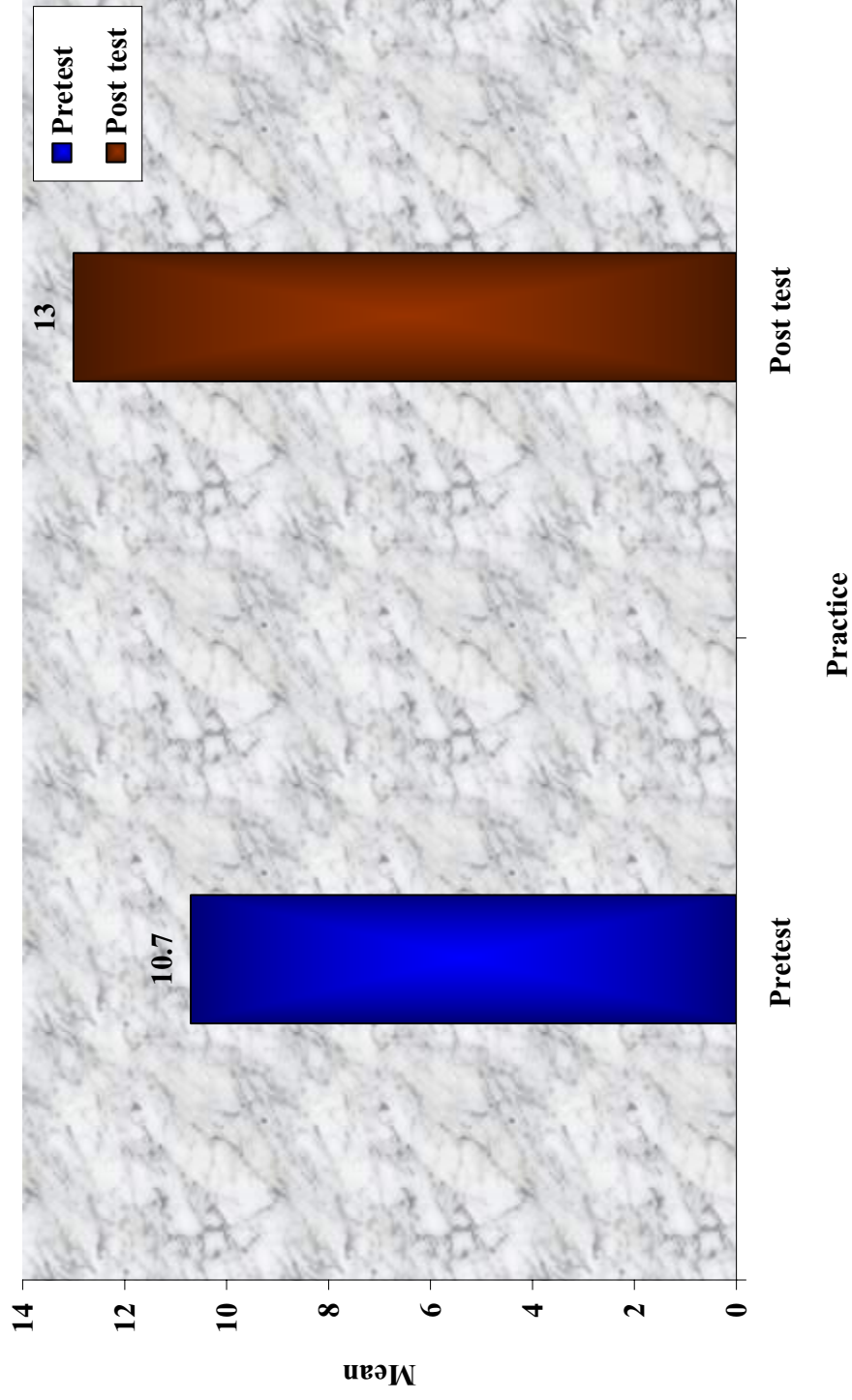
**Table. 3** Distribution of Statistical Value of Pretest and Post Test Practice Scores of Postnatal Mothers with Regard to Essential New Born Care

(N = 50)

S.No.	Practice	Mean	S.D	't' value
1.	Pretest	10.7	2.4	16.0*
2.	Post test	13	1.5	

\*significant at 0.05 level

Table 3 shows that the pre test mean score was 10.7 and post test mean score was 13. The calculated t value 16 at (49df ) is significant at 0.05 level. The findings implies that the planned teaching programme has significant effect in the improvement of practice regarding essential newborn care.



**Figure. 15** Comparison of Mean Score of Pretest and Post Test Practice Score Regarding Essential  
New Born Care Among Postnatal Mothers

### SECTION - III

**Table. 4** Correlation Between Pretest Knowledge and Practice Scores of Postnatal Mothers with Regard to Essential New Born Care

(N = 50)

S.No.	Pretest	Mean	S.D	r
1.	Knowledge	14.5	3.7	+0.4
2.	Practice	10.7	2.4	

Table 4 shows that there was a positive correlation between the knowledge and practice in pre test.

**Table. 5** Correlation Between Post Test Knowledge and Practice Scores of Postnatal Mothers with Regard to Essential New Born Care

(N = 50)

S.No.	Post Test	Mean	S.D	r
1.	Knowledge	20	1.4	+0.5
2.	Practice	13	1.5	

Table 5 shows that there was a positive correlation between the knowledge and practice in post test.

## SECTION – IV

**Table. 6** Association of Selected Demographic Variables with Level of Knowledge with Regard to Essential New Born Care of Postnatal Mothers in Post Test Score

(N = 50)

S. No.	Variables	Above Mean	Below Mean	$\chi^2$
1.	<b>Age of the Mother</b> a) 18 - 25 years b) 26 - 30 years c) 31 - 36 years d) 36 and above	8 12 13 0	3 5 9 0	14.67*
2.	<b>Education</b> a) Illiterate b) 1 <sup>st</sup> -10 <sup>th</sup> standard c) Higher secondary d) Graduation and above	9 12 4 4	5 10 5 1	12.36*
3	<b>Religion</b> a) Hindu b) Christian c) Muslim	13 5 4	20 4 4	3.98
4	<b>Parity</b> a) First delivery b) Second delivery c) Third delivery d) Fourth delivery and above	12 19 2 0	6 10 1 0	11.18*
5	<b>Type of delivery</b> a) Vaginal delivery b) Instrumental delivery c) Lower segment cesarean section	14 3 10	10 1 12	3.95

(Table 6 continues)

(Table 6 continued)

S. No.	Variables	Above Mean	Below Mean	$\chi^2$
6	<b>Family Income</b> a) Less than ₹. 5, 000/- per month b) ₹. 5001/- to 10, 000/- per month c) ₹. 10, 001/- to 15, 000/- per month d) More than ₹. 15, 001/- per month	9 9 5 4	5 13 4 1	4.7
7	<b>Age of the child</b> a) 1 <sup>st</sup> day - 6 <sup>th</sup> day b) 7 <sup>th</sup> day - 14 <sup>th</sup> day c) 15 <sup>th</sup> day - 21 <sup>st</sup> day d) 22 <sup>nd</sup> day - 28 <sup>th</sup> day	12 8 6 1	10 6 3 4	2.74
8	<b>Sex of child</b> a) Male b) Female	22 5	8 15	2.93
9	<b>Weight of the baby</b> a) 2 -2.5 kgs b) 2.5-3.0 kgs c) 3.0-3.5 kgs d) Above 3.5 kgs	6 8 9 2	4 8 10 3	5.3

\* Significant

Table 6 shows the associations of demographic variables with post test score of knowledge regarding essential newborn care. The obtained  $\chi^2$  values of age of the mother is (14.67), education (12.36), parity (11.18) were significant at 0.05 level. It reveals that there was a significant relationship between post test knowledge score with age, education, parity. The other demographic variables are not associated with knowledge.

**Table. 7** Association of Selected Demographic Variables with Level of Practice with Regard to Essential New Born Care of Postnatal Mothers in Post Test Score

(N = 50)

S. No.	Variables	Above Mean	Below Mean	$\chi^2$
1.	<b>Age of the Mother</b>			
	a) 18 - 25 years	8	3	4.67
	b) 26 - 30 years	4	15	
	c) 31 - 36 years	10	12	
	d) 36 and above	0	0	
2.	<b>Education</b>			
	a) Illiterate	4	10	5.36
	b) 1 <sup>st</sup> -10 <sup>th</sup> standard	9	13	
	c) Higher secondary	4	5	
	d) Graduation and above	1	4	
3.	<b>Religion</b>			
	a) Hindu	15	18	3.98
	b) Christian	5	4	
	c) Muslim	4	4	
4.	<b>Parity</b>			
	a) First delivery	11	7	10.18*
	b) Second delivery	20	9	
	c) Third delivery	2	1	
	d) Fourth delivery and above	0	0	
5.	<b>Type of delivery</b>			
	a) Vaginal delivery	15	9	3.5
	b) Instrumental delivery	3	1	
	c) Lower segment cesarean section	10	12	

(Table 7 continues)

(Table 7 continued)

S. No.	Variables	Above Mean	Below Mean	$\chi^2$
6.	<b>Family Income</b> a) Less than ₹. 5, 000/- per month b) ₹. 5001/- to 10, 000/- per month c) ₹. 10, 001/- to 15, 000/- per month d) More than ₹. 15, 001/- per month	9 13 5 3	5 9 4 2	3.68
7.	<b>Age of the child</b> a) 1 <sup>st</sup> day - 6 <sup>th</sup> day b) 7 <sup>th</sup> day - 14 <sup>th</sup> day c) 15 <sup>th</sup> day - 21 <sup>st</sup> day d) 22 <sup>nd</sup> day - 28 <sup>th</sup> day	12 6 6 1	10 8 3 4	2.49
8.	<b>Sex of child</b> a) Male b) Female	20 7	10 13	2.32
9.	<b>Weight of the baby</b> a) 2 -2.5 kgs b) 2.5-3.0 kgs c) 3.0-3.5 kgs d) Above 3.5 kgs	4 8 9 2	6 8 10 3	5.31

\* Significant

Table 7 shows the associations of demographic variables with post test score of practice regarding essential newborn care. The obtained  $\chi^2$  values of parity (10.18) are significant at 0.05 level. It reveals that there was a significant relationship between post test practice score with parity. The other demographic variables are not associated with practice.

## **CHAPTER - V**

### **Results and Discussion**

This is a pre-experimental study intended to assess the effectiveness of planned teaching programme with regard to essential new born care among post natal mothers. The result of the study were discussed according to the objective.

#### **The First Objective of the Study was to Assess the Knowledge and Practice of Postnatal Mothers with Regard to Essential Newborn Care**

Structured questionnaire was used to assess the knowledge. The pre test mean score of knowledge was 14.5 and post test mean score was 20. The practice mean score in pre test was 10.7 and post test was 13. It shows significant difference in pre test and post test. It implies that there is inadequate knowledge and practice regarding essential new born care in pre test.

A similar type of study conducted by Carson (2009) to assess the knowledge on newborn care. The scores of knowledge test were of an acceptable level, pre test score of knowledge was 18, and the post test mean score was 23.

#### **The Second Objective of the Study was to Deliver Planned Teaching Programme with Regard to Essential Newborn Care**

The planned teaching programme regarding essential new born care among post natal mothers. The teaching was given by using power point presentation to small group of post natal mothers for 40-45 minutes and it was found to be effective as they were communicating and clarifying their doubts related to essential new born care.



A similar type of study done by Terry (2008) reveals that the teaching programme was effective and have a positive health benefit to the new born.

**The Third Objective of the Study was to Evaluate the Effectiveness of Planned Teaching Programme with Regard to Essential Newborn Care**

The obtained 't' values for knowledge was 15 and practice was 16 which is significant at 0.05 level. It reveals that there was significant improvement in the knowledge and practice with regard to essential new born care among post natal mothers.

A similar type of study conducted by Usha (2005) chi-square test was used to establish association between new born care and high risk factors and the student 't' for the comparison of mean

**The Fourth Objective of the Study was to Determine the Co-relation Between the Knowledge and Practice of Postnatal Mothers with Regard to Essential Newborn Care**

The result of the study shows there is a positive correlation between knowledge and practice with regard to the essential new born care in pre-test and post test.

**The Fifth Objective of the Study was to Find Out the Association Between Knowledge and Practice with Selected Demographic Variables**

The demographic variables like age, education, and the parity are associated with knowledge score on essential new born care by using chi-square. It reveals that there was no significant relationship between other demographic variables.

The demographic variables like the parity is associated with practice score on essential new born care by using chi-square. It reveals that there was no significant relationship between other demographic variables.

A similar type of study was conducted by Majid (2007) to find out the association between the demographic variables with post natal mothers knowledge and practice. There was a strong association between age, parity, sex of the study .

## **CHAPTER – VI**

### **Summary, Conclusion, Nursing Implications, Limitations and recommendations**

#### **Summary**

The study was conducted to assess the effectiveness of planned teaching programme on Knowledge and Practices of Postnatal mothers with regard to essential newborn care.

#### **The Following Objectives were Set for the Study**

- To assess the knowledge and practice of postnatal mothers with regard to essential newborn care.
- To deliver planned teaching programme with regard to essential newborn care.
- To evaluate the effectiveness of planned teaching programme with regard to essential newborn care.
- To determine the co-relation between the knowledge and practice of postnatal mothers with regard to essential newborn care.
- To find out the association between knowledge and practice with selected demographic variables.

#### **The Alternative Hypothesis Set for the Study**

There is a significant difference between knowledge and practice with regard to essential newborn care in pre & post test scores.

**Major Findings of the Study were as Follows**

- The pretest mean score of knowledge was 14.5 and post test score of knowledge was 20 among postnatal mothers.
- The pretest for practice was 10.7 and the post test score of practice was 13.
- The obtained 't' value for comparison of knowledge score at 49 (df)  $p < 0.05$  level was 15.5.
- The obtained 't' value for comparison of practice score at 49 (df)  $p < 0.05$  level was 16.
- The correlation between knowledge and practice in pretest regarding essential new born care among post natal mothers was +0.4.
- The correlation between knowledge and practice in post test regarding essential new born care among post natal mothers was +0.5.
- There was association between the post test knowledge score and age, education, and parity but there was no association between the post test knowledge scores and other demographic variables.
- There was association between the post test practice score and parity but there was no association between the post test practice scores and other demographic variables.

**Conclusion**

The educative measures show that significant improvement in knowledge and practice regarding essential new born care among post natal mothers. The post test scores of knowledge and practice were high significant when compared with pretest scores. Hence the alternative hypothesis accepted.

**Nursing Implications**

The findings of the study have implications on various areas of nursing education, nursing practice, nursing administration and nursing research.

**Nursing Education**

The findings of the study indicate that more emphasis should be placed in the curriculum on the essential new born care. The nursing curriculum should consists of knowledge and practices related to teaching strategies and various modalities. So that nursing students can use different teaching methods to impart the appropriate knowledge on essential new born care of the focus group. The students learning experience should provide opportunity to conduct health education campaign and supervised nursing practices about specific topics

**Nursing Practice**

Nursing professionals working in the community as well as in the hospital can understand the importance of health education regarding essential new born care. So that there is a need for developing structured teaching programme and health education on different aspects about essential new born care in order to improve the knowledge and practice regarding essential new born care.

Mass health education campaigns should be organized regularly by health team to provide education towards essential newborn care and clear the doubts regarding essential newborn care and motivating them to practice new born care.

**Nursing Administration**

The nurse administrator should organize the in-service education training program for nurses and other health care professionals to update their knowledge and practice about essential newborn care. The nurse administrator should motivate the health care professionals to organize campaign newborn care.

**Nursing Research**

The findings of the study serves as basis for the professional and the student nurses to conduct further studies on essential newborn care. The study will motivate the beginning researchers to conduct the same study with different variables and large scale.

**Limitations**

- The study was conducted on a small representative group
- The sample size was only 50 hence the findings should be generalized with caution
- The study period was limited to one month

**Recommendations**

- Similar study can be undertaken on a large sample for making a more valid generalization.
- Similar study can be done by including additional demographic variables.
- A comprehensive study can be conducted between rural postnatal mothers and urban postnatal mothers.
- Similar study can be undertaken by descriptive study .
- An experimental study can be undertaken with control group for effective comparison.

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## ABSTRACT

**Statement of the Problem :** A Study to Assess the effectiveness of planned teaching programme on Knowledge and Practice of Postnatal mothers with regard to essential newborn care at Kovilpalayam, Coimbatore. **Study Objectives :** (a) To assess the knowledge and practice of postnatal mothers with regard to essential newborn care. (b) To deliver planned teaching programme with regard to essential newborn care. (c) To evaluate the effectiveness of planned teaching programme with regard to essential newborn care. (d) To determine the co-relation between the knowledge and practice of postnatal mothers with regard to essential newborn care. (e) To find out the association between knowledge and practice with selected demographic variables. **Methodology :** One group pretest and post test experimental design. The samples for this present study consisted of 50 postnatal mothers selected by using Non probability convenient-sampling technique. A questionnaire and check list was used to assess the knowledge and practice. **Result :** Inferential and Descriptive statistics were used to analyze the data. The obtained 't' value in knowledge and practice was higher than the table value. **Conclusion :** The study revealed that there is an improvement in knowledge and practice after delivering the planned teaching programme





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**To**

**Through**

**The Principal,**  
PPG College of Nursing  
Coimbatore – 35.

Respected Sir,

**Sub : Seeking permission for conducting research study**

I am a student of M.Sc Nursing in PPG College of Nursing. Our college is affiliated to the Tamilnadu Dr. M. G. R Medical University, Chennai. I have taken the specialization in Child Health Nursing.

**Topic : A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED  
TEACHING PROGRAMME ON KNOWLEDGE AND PRACTICE  
OF POSTNATAL MOTHERS WITH REGARD TO ESSENTIAL  
NEWBORN CARE AT KOVILPALAYAM, COIMBATORE**

I request you to kindly permit me to conduct my study in hospital. Hope you will consider my requisition and do the needful.

Thanking you,

Yours sincerely,

Date :

Place : Coimbatore

## **Requisition Letter for Content Validity**

From

M.Sc (N) II Year,  
PPG College of Nursing,  
Coimbatore – 35.

**To**

**Through : Principal, PPG College of Nursing**

Respected Sir/Madam,

**Sub : Requisition for expert opinion and suggestion for content validity of tool**

I am a student of M.Sc (N) II year, PPG College of Nursing affiliated to the Tamilnadu Dr. M. G. R. Medical University, Chennai. As a partial fulfillment of the M.Sc (N) programme. I am conducting

**A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED  
TEACHING PROGRAMME ON KNOWLEDGE AND PRACTICE OF  
POSTNATAL MOTHERS WITH REGARD TO ESSENTIAL NEWBORN  
CARE AT KOVILPALAYAM, COIMBATORE**

Herewith I have enclosed the developed tool for content validity and for the expert opinion and possible solution. It would be very kind of you to return the same as early as possible.

Thanking you,

Yours faithfully,

### Format for the Content Validity

Name of the expert :

Address :

Total content for the tool :

Kindly validate each tool and tick wherever applicable

S.No	No. of Tool/Section	Strongly Agree	Agree	O.K	Not Applicable	Need Modification	Remarks

Remarks

Signature of the Expert with Date

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Nagerkovil.

## SECTION - I

### Demographic Data

#### Instructions

Read the following questions carefully and give tick mark (✓) in given boxes for correct answers

Sample Number \_\_\_\_\_

#### 1. Age

- a) 18-25 years ☐
- b) 26-30 years ☐
- c) 31-36years ☐
- d) 36 and above ☐

#### 2. Education

- a) Illiterate ☐
- b) 1<sup>st</sup> -10<sup>th</sup> standard ☐
- c) Higher secondary ☐
- d) Graduation and above ☐

#### 3. Religion

- a) Hindu ☐
- b) Christian ☐
- c) Muslim ☐

4. Parity

- a) First delivery ☐
- b) Second delivery ☐
- c) Third delivery ☐
- d) Fourth delivery and above ☐

5. Type of delivery

- a) Vaginal delivery ☐
- b) Instrumental delivery ☐
- c) Lower segment cesarean section ☐

6. Family Income

- a) Less than ₹. 5,000/- per month ☐
- b) ₹. 5001/- to 10,000/- per month ☐
- c) ₹. 10,001/- to 15,000/- per month ☐
- d) More than ₹. 15,001/- per month ☐

7. Age of the child

- a) 1<sup>st</sup> day - 6<sup>th</sup> day ☐
- b) 7<sup>th</sup> day - 14<sup>th</sup> day ☐
- c) 15<sup>th</sup> day - 21<sup>st</sup> day ☐
- d) 22<sup>nd</sup> day - 28<sup>th</sup> day ☐

8. Sex of the child

- a) Male ☐
- b) Female ☐

9. Weight of the child

- a) 2 - 2.5 kgs ☐
- b) 2.5 - 3.0 kgs ☐
- c) 3.0 - 3.5 kgs ☐
- d) Above 3.5 kgs ☐

## SECTION - II

### Questions on Knowledge of Postnatal Mothers with Regard to Essential Newborn Care

#### Instructions

Read the following questions carefully and give tick mark (✓) in given boxes  
for correct answers

1. How can you maintain body heat of the baby?

- a) Dress the baby with napkin and shirt ☐
- b) Dress the baby with shirt, napkin and cap ☐
- c) Dress the baby with cap, socks, napkin, shirt and wrap the towel ☐
- d) Dress the baby with napkin and socks and wrap with towel ☐

2. Which part of the baby's body should be covered mainly to Conserve the body  
heat of the baby?

- a) Covering of the hands and arms ☐
- b) Covering of the body ☐
- c) Covering of the legs and feet ☐
- d) Covering of the head ☐

3. What is rooming in?

- a) Baby and mother lie down in the same bed ☐
- b) Baby and mother sleeps in one room ☐
- c) Baby and mother lie down in the separate bed ☐
- d) Baby is kept in a room ☐



4. How will be the baby's body when the baby loses the body heat?

- a) Hands and legs will be cool ☐
- b) Abdomen and legs will be cool ☐
- c) Only heads and legs will be cool ☐
- d) No change in the baby's body ☐

5. What do you mean by exclusive breast feeding?

- a) Feeding cow's milk alone ☐
- b) Feeding breast milk alone ☐
- c) Feeding both breast milk and cow's milk ☐
- d) Avoiding breastfeeding to the baby ☐

6. When do you initiate breast feeding to the baby?

- a) Within half an hour after the birth of the baby ☐
- b) Four hours after the birth of the baby ☐
- c) 2 days after the birth of the baby ☐
- d) 3 days after the birth of the baby ☐

7. How often do you breastfeed the baby?

- a) Once in 4 hours ☐
- b) Whenever the baby demands ☐
- c) 3 times in a day ☐
- d) Once in a day ☐

8. Which of the following should be done before breast feeding?

- a) Clean the breast ☐
- b) Take bath ☐
- c) Wash hands ☐
- d) None of the above ☐

9. How do you hold the baby while breast feeding?

- a) The baby's head and shoulder should be straight ☐
- b) The baby's head and body should be in straight line ☐
- c) The baby's head should be lower than the body ☐
- d) The baby's head should be slightly elevated than body ☐

10. How do you know that the baby has taken sufficient feed?

- a) Keeps awake for longer times ☐
- b) Plays well ☐
- c) Sleeps well ☐
- d) Cries well ☐

11. How can you keep the baby awake while feeding?

- a) By tickling the nose ☐
- b) By tickling the hands ☐
- c) By rubbing the back ☐
- d) By tickling behind ears and on soles ☐

12. How do you expel the swallowed air from the baby?

- a) Making the baby to sit on the mother's lap & gently pressing the abdomen of the baby ☐
- b) Making the baby to lie down on the shoulder of the mother and gently patting on back of the baby ☐
- c) Making the baby in side lying position and gently pressing the abdomen of the baby ☐
- d) Making the baby in side lying position and gently pressing the back of the baby ☐

13. How do you clean the eyes of the new born?

- a) From side of the nose to away from the nose(inner canthus to outer canthus) ☐
- b) From side of the eyes towards the nose (outer canthus to inner canthus) ☐
- c) Upper eye lid to lower eye lid ☐
- d) Lower eye lid to upper eye lid ☐

14. How do you prevent eye infection?

- a) Clean the eyes by using oil ☐
- b) Clean the eyes by using breast milk ☐
- c) Clean the eyes by using water ☐
- d) Clean each eye by using the separate cotton cloth ☐

15. What are the signs of eye infection?

- a) Redness ☐
- b) Discharge ☐
- c) Both (a) & (b) ☐
- d) None of the above ☐

16. How do you take care of umbilical cord?

- a) Keep the cord covered and dry ☐
- b) Keep the cord open and dry ☐
- c) Apply coconut oil ☐
- d) Apply talcum powder ☐

17. What are the signs of umbilical cord infection?

- a) Foul smell ☐
- b) Discharge ☐
- c) Both (a) & (b) ☐
- d) None of the above ☐

18. What type of bath is preferred during winter season?

- a) Wipe the baby with wet cloth immersed in warm water ☐
- b) Giving bath with very hot water ☐
- c) Giving bath with warm water ☐
- d) Avoiding bath ☐

19. How do you dry the baby after bath?

- a) Wipe the baby from foot end to head end ☐
- b) Wipe the baby head end to foot end ☐
- c) Wipe the baby from front to back ☐
- d) Wipe the baby from back to front ☐

20. How often do you clean the baby's genitalia?

- a) Each time after passing motion ☐
- b) Each time after passing urine ☐
- c) Each time after passing motion and urine ☐
- d) While giving bath ☐

21. How do you prevent infection to the baby?

- a) Wash hands after handling the baby ☐
- b) No need to wash hands ☐
- c) Wear gloves before handling the baby ☐
- d) Wash hands before handling the baby ☐

22. All of the following measures prevent urinary tract infection

For the baby except

- a) Wash hands before bathing ☐
- b) Changing wet nappy ☐
- c) Cleaning the genitalia after passing urine and motion ☐
- d) Adequate intake of breast feed ☐

23. Which of the following are killer diseases for the child?

- a) Tuberculosis, Polio, Measles ☐
- b) Diphtheria, whooping cough, tetanus ☐
- c) Both (a) & (b) ☐
- d) None of the above ☐

24. Why immunization is important for the baby?

- a) To protect against infectious diseases ☐
- b) To protect against allergies ☐
- c) To protect against hereditary diseases ☐
- d) To protect against vitamin deficiencies ☐

25. Soon after the birth, what are the vaccines should be given to the baby?

- a) BCG, Polio drops, DPT ☐
- b) BCG, Polio Drops, Measles ☐
- c) BCG, Polio drops, Tetanus ☐
- d) BCG, Polio drops, Hepatitis-B ☐

26. Why hepatitis B is given for the newborn?

- a) To protect against brain fever ☐
- b) To protect against jaundice ☐
- c) To protect against tetanus ☐
- d) To protect against chickenpox ☐

27. Which of the following vaccine protects against tuberculosis?

- a) Measles ☐
- b) DPT ☐
- c) Hepatitis-B ☐
- d) BCG ☐

28. How can you manage the baby with fever and pain after vaccination?

- a) Avoid giving bath ☐
- b) Give warm application at the site of injection ☐
- c) Give paracetamol drops as per doctors order ☐
- d) No need to do anything ☐

29. Which of the following do not have booster dose?

- a) Polio drops ☐
- b) BCG ☐
- c) Hepatitis –B ☐
- d) DPT ☐

30. What is pulse polio?

- a) Giving polio drops to children as per the schedule ☐
- b) Giving polio drops to all children less than five years on the  
same day for two times in a year ☐
- c) Giving polio drops to children less than 10 years ☐
- d) Giving polio drops to children less than 15 years ☐

## SECTION - III

### Observation Check List to Assess the Practices of Postnatal Mothers with Regard to essential new born care

#### Instructions

Read the following questions carefully and give tick mark (✓) in given boxes  
for correct answers

S. No.	Items on practices	Yes	No
1.	Mother dresses the baby with shirt, cap, socks, nappy and wrap with towel.		
2.	Mother covers the head with cap.		
3.	Mother and baby lie down together in a bed.		
4.	Mother checks abdomen and legs for heat loss.		
5.	Mother cleans the breast before giving the breast feeding.		
6.	Mother provides only breast feeding for the baby.		
7.	Mother provides glucose water/honey before feeding the baby.		
8.	Mother gives breast feeding whenever the child cries		
9.	Mother holds the head slightly elevated than body while feeding the baby		
10.	Most of the areola and nipple is in baby's mouth while feeding the baby		
11.	Baby sleeps well before feeding		
12.	Mother no need to keeps the baby awake while feeding.		
13.	Mother keeps patts gently on back of the baby before each feed to break the wind		
14.	Mother cleans the eyes from outer canthus to inner canthus for the baby.		
15.	Mother cleans each eye by using a same cotton cloth		



## SECTION - II

### Answer Key

S. No.	Answers	score
1.	d	1
2.	d	1
3.	a	1
4.	b	1
5.	b	1
6.	a	1
7.	b	1
8.	a	1
9.	d	1
10.	c	1
11.	d	1
12.	b	1
13.	a	1
14.	d	1
15.	c	1
16.	b	1
17.	c	1
18.	a	1
19.	b	1
20.	c	1
21.	d	1
22.	a	1
23.	c	1
24.	a	1
25.	d	1
26.	b	1
27.	d	1
28.	c	1
29.	b	1
30.	b	1

## SECTION - III

### Answer Key

Q. No.	Answers	Score
1.	YES	1
2.	YES	1
3.	YES	1
4.	YES	1
5.	YES	1
6.	YES	1
7.	YES	1
8.	YES	1
9.	YES	1
10.	YES	1
11.	NO	1
12.	NO	1
13.	NO	1
14.	NO	1
15.	NO	1

## பகுதி - அ

### முறையான நேர்காணல் படிவம்

கீழ்க்கண்ட வினாக்களுக்கு தகுந்த பதிலை கொடுக்கப்பட்டுள்ள கட்டத்தில் ☒ குறிப்பிடுக.

மாதிரி எண் : \_\_\_\_\_

#### 1. வயது வருடங்களில்

- அ) 18-25 ☐
- ஆ) 26-30 ☐
- இ) 31-36 ☐
- ஈ) 36 மற்றும் அதற்கு மேல் ☐

#### 2. கல்வி

- அ) படிப்பறிவில்லை ☐
- ஆ) 1 வது முதல் 10 வது வரை ☐
- இ) இடைநிலைக்கல்வி ☐
- ஈ) பட்டம் மற்றும் அதற்கு மேல் ☐

#### 3. மதம்

- அ) இந்து மதம் ☐
- ஆ) கிறிஸ்துவர் ☐
- இ) முஸ்லீம் ☐

4. மகப்பேறு எண்ணிக்கை

- அ) முதல் ☐
- ஆ) இரண்டாவது ☐
- இ) மூன்றாவது ☐
- ஈ) நான்காவது மற்றும் அதற்கு மேல் ☐

5. பிரசவ முறை

- அ) சுகப்பிரசவம் ☐
- ஆ) ஆயுதமுறை பிரசவம் ☐
- இ) அறுவை சிகிச்சை முறை பிரசவம் ☐

6. குடும்ப மாத வருமானம்

- அ) ரூ. 5000 விட குறைவாக ☐
- ஆ) ரூ. 5001- ரூ. 10,000 வரை ☐
- இ) ரூ. 10,001- ரூ. 15,000 வரை ☐
- ஈ) ரூ. 15, 001 மற்றும் அதற்கு மேல் ☐

7. குழந்தையின் வயது

- அ) 1 முதல் 6 நாட்கள் ☐
- ஆ) 7 முதல் 14 நாட்கள் ☐
- இ) 15 முதல் 21 நாட்கள் ☐
- ஈ) 22 முதல் 28 நாட்கள் ☐

8. குழந்தையின் பாலினம்

அ) ஆண்

☐

ஆ) பெண்

☐

9. குழந்தையின் எடை

அ) 2 - 2.5 கி.கி

☐

ஆ) 2.5 - 3 கி.கி

☐

இ) 3.0 - 3.5 கி.கி

☐

ஈ) 3.5 கி.கி க்கு மேல்

☐

## பகுதி - ஆ

அத்தியவாசிய குழந்தை பராமரிப்பு குறித்து பிரசவத்திற்கு பிறகு

தாய்மார்கள் அறிவு கேள்விகள்

கீழ்க்கண்ட வினாக்களுக்கு தகுந்த பதிலை கொடுக்கப்பட்டுள்ள கட்டத்தில்  
☑ குறிப்பிடுக.

1. எவ்வாறு நீங்கள் குழந்தையின் உடல் வெப்பத்தை தக்கவைத்துக் கொள்ள முடியும்?

அ) குழந்தைக்கு கால் சட்டை மற்றும் சட்டை உடுத்துதல் ☐

ஆ) குழந்தைக்கு கால் சட்டை, சட்டை மற்றும் தொப்பி உடுத்துதல் ☐

இ) குழந்தைக்கு தொப்பி, சாக்ஸ், சட்டை மற்றும் துண்டு உடுத்துதல் ☐

ஈ) குழந்தைக்கு சாக்ஸ், கால்சட்டை மற்றும் துண்டு உடுத்துதல் ☐

2. குழந்தையின் உடல் வெப்பநிலையை தக்கவைக்க குழந்தையின் எந்த பகுதியை மூட வேண்டும்.

அ) உள்ளங்கை பகுதி ☐

ஆ) முழுவதும் ☐

இ) கால் மற்றும் உள்ளங்கால் ☐

ஈ) தலை பகுதி ☐

3. ரூமிங் என்றால் என்ன?

அ) குழந்தை மற்றும் தாய் ஒரே படுக்கையில் இருப்பது ☐

ஆ) குழந்தை மற்றும் தாய் ஒரே அறையில் இருப்பது ☐

இ) குழந்தை தாய் வெவ்வேறு படுக்கையில் இருப்பது ☐

ஈ) குழந்தை தனி அறையில் இருப்பது ☐

4. குழந்தை உடல் வெப்பம் இழக்கும் போது குழந்தை உடல் நிலை எவ்வாறு இருக்கும் ?

- அ) கைகள் மற்றும் கால்கள் குளிர்ந்து இருக்கும் ☐
- ஆ) வயிறு மற்றும் கால்கள் குளிர்ந்து இருக்கும் ☐
- இ) தலை மற்றும் கால்கள் குளிர்ந்து இருக்கும் ☐
- ஈ) குழந்தையின் உடலில் எந்த மாற்றமும் இல்லை ☐

5. நீங்கள் தாய்ப்பால் மட்டும் தருவது என்பதற்க்கான அர்த்தம் என்ன?

- அ) பசுவின் பால் தருவது ☐
- ஆ) தாய்ப்பால் மட்டும் தருவது ☐
- இ) தாய் பால் மற்றும் பசுவின் பால் தருவது ☐
- ஈ) குழந்தைக்கு தாய்ப்பால் கொடுப்பதை தவிர்த்தல் ☐

6. நீங்கள் குழந்தைக்கு எப்போது தாய்ப்பால் கொடுக்க தொடங்குவீர்கள்?

- அ) குழந்தை பிறந்த  $\frac{1}{2}$  மணி நேரத்திற்கு பிறகு ☐
- ஆ) குழந்தை பிறந்த 4 மணி நேரத்திற்கு பிறகு ☐
- இ) குழந்தை பிறந்த 2 நாட்களுக்கு பிறகு ☐
- ஈ) குழந்தை பிறந்த 3 நாட்களுக்கு பிறகு ☐

7. நீங்கள் குழந்தைக்கு எத்தனை முறை தாய்ப்பால் கொடுப்பீர்கள்?

- அ) 4 மணி நேரத்திற்கு ஒரு முறை ☐
- ஆ) குழந்தையின் தேவைக்கேற்ப ☐
- இ) ஒரு நாளைக்கு 3 தடவை ☐
- ஈ) ஒரு நாளைக்கு 1 தடவை ☐

8. பின்வருவனவற்றுள் எதை தாய்ப்பால் தருவதற்கு முன் செய்ய வேண்டும்?

- அ) மார்பக சுத்தம் ☐
- ஆ) குளிக்க வேண்டும் ☐
- இ) கைகள் கழுவ வேண்டும் ☐
- ஈ) எதுவும் தேவையில்லை ☐

9. குழந்தைக்கு தாய்ப்பால் கொடுக்கும் போது எவ்வாறு குழந்தையை பிடிக்க வேண்டும்?

- அ) குழந்தையின் தலை மற்றும் தோள்பட்டை நேராக இருக்க வேண்டும் ☐
- ஆ) குழந்தையின் தலை மற்றும் உடல் நேர்கோட்டில் இருக்க வேண்டும் ☐
- இ) குழந்தையின் தலையை தாழ்த்தி பிடிக்க வேண்டும் ☐
- ஈ) குழந்தையின் தலையை தாழ்த்திபிடிக்க வேண்டும் ☐

10. குழந்தை போதுமான பால் உட்கொண்டதை எவ்வாறு அறிவீர்கள்?

- அ) நீண்ட காலம் விழித்து இருப்பது ☐
- ஆ) நன்றாக இருப்பது ☐
- இ) நன்றாக உறங்குவது ☐
- ஈ) நன்றாக அழுவது ☐

11. குழந்தைக்கு தாய்ப்பால் கொடுக்கும் போது எவ்வாறு விழித்திருக்க வைப்பீர்கள்?

- அ) மூக்கு நுனியை தொடுவதன் மூலம் ☐
- ஆ) கைகளை தொடுவதன் மூலம் ☐
- இ) முதுகு பகுதியை தடவுவதன் மூலம் ☐
- ஈ) காது மடல் மற்றும் உள்ளங்கால்களை தொடுவதன் மூலம் ☐



12. குழந்தை உட்கொண்ட காற்றை எவ்வாறு வெளியேற்றுவீர்கள்?

அ) குழந்தை தாயின் மடியில் அமர வைத்து வயிற்றுப் பகுதியை

மெதுவாக அழுத்துதல்

☐

ஆ) குழந்தையை தாயின் தோளில் வைத்து மெதுவாக தட்டிக்

கொடுப்பது

☐

இ) குழந்தையை பக்க நிலையில் படுக்க வைத்து வயிற்று பகுதியை

அழுத்துதல்

☐

ஈ) குழந்தையை பக்கநிலையில் படுக்க வைத்து , முதுகு பகுதியை

தடவுதல்

☐

13. நீங்கள் பிறந்த குழந்தையின் கண்களை எவ்வாறு சுத்தம் செய்வீர்கள்?

அ) கண்கள் உள்ளிருந்து வெளிப்பக்கம்

☐

ஆ) கண்கள் வெளிப்பக்கம் இருந்து உள்பக்கம்

☐

இ) மேல் மற்றும் கீழ் இமை

☐

ஈ) கீழ் மற்றும் மேல் இமை

☐

14. நீங்கள் கண் தொற்று பரவாமல் இருக்க என்ன செய்வீர்கள்?

அ) எண்ணெய் பயன்படுத்தி கண்களை பயன்படுத்துதல்

☐

ஆ) மார்பக பால் பயன்படுத்தி கண்களை சுத்தம் செய்தல்

☐

இ) நீர் மூலம் கண்கள் சுத்தம் செய்தல்

☐

ஈ) தனி பருத்தி துணி பயன்படுத்தி ஒவ்வொரு கண்ணையும்

சுத்தம் செய்தல்

☐

15. கண் தொற்று நோயின் அடையாளங்கள் என்ன?

- அ) கண் சிவந்து இருத்தல் ☐
- ஆ) நீர் வடிதல் ☐
- இ) மேற்கண்ட இரண்டும் ☐
- ஈ) எதுவும் இல்லை ☐

16. நீங்கள் தொப்புள் கொடியை எவ்வாறு பார்த்துக் கொள்வீர்கள்?

- அ) தொப்புள் கொடியை மூடி வைத்து உலர வைத்தல் ☐
- ஆ) தொப்புள் கொடியை திறந்த நிலையில் வைத்தல் ☐
- இ) தேங்காய் எண்ணெய் தடவி ☐
- ஈ) பவுடர் தடவுவதன் மூலம் ☐

17. தொப்புள் கொடியின் தொற்று அறிகுறிகள் என்ன?

- அ) துர்நாற்றம் ☐
- ஆ) நீர் வடிதல் ☐
- இ) மேற்கண்ட இரண்டும் ☐
- ஈ) இவை எதுவும் இல்லை ☐

18. குளிர் காலங்களில் என்ன வகை குளியல் சிறந்தது?

- அ) சூடான நீர் மற்றும் துணியால் குழந்தையை துடைத்தல் ☐
- ஆ) மிகவும் சூடான தண்ணீர் குளியல் கொடுத்தல் ☐
- இ) சூடான தண்ணீர் குளியல் ☐
- ஈ) குளியல் தவிர்த்தல் ☐

19. குழந்தையை குளிபாட்டியபின் எவ்வாறு துடைப்பீர்கள்?

- அ) குழந்தையின் கால் முதல் தலை வரை ☐
- ஆ) குழந்தையின் தலை முதல் கால் வரை ☐
- இ) முன்பகுதி மற்றும் பின்பகுதி ☐
- ஈ) பின்பகுதி மற்றும் முன்பகுதி ☐

20. குழந்தையின் பிறப்பு உறுப்பு எத்தனை தடவை சுத்தம் செய்ய வேண்டம்

- அ) மலம் கழித்தபிறகு ஒவ்வொரு முறையும் ☐
- ஆ) சிறுநீர் கழித்த பிறகு ☐
- இ) சிறுநீர் கழித்த பிறகு ☐
- ஈ) குளியலின் போது ☐

21. நீங்கள் குழந்தைக்கு தொற்று ஏற்படாமல் இருக்க என்ன செய்வீர்கள்?

- அ) குழந்தையை கையாண்ட பிறகு கைகளை கழுவதல் ☐
- ஆ) கைகளை கழுவ வேண்டிய அவசியம் இல்லை ☐
- இ) குழந்தை தொடுவதற்கு முன் கையுறைகள் அணிவது ☐
- ஈ) குழந்தையை தொடுவதற்கு முன்பு கைகளை கழுவதல் ☐

22. சிறுநீர் பாதை நோய் தொற்று தடுப்பதற்கான காரணிகள் இவை அனைத்தும், ஒன்றை தவிர அது எது?

- அ) குளிக்கும் முன் கைகளை நன்றாக கழுவது ☐
- ஆ) ஈரமான துணியை மாற்றுதல் ☐
- இ) சிறுநீர் மற்றும் மலம் கழித்த பிறகு சுத்தம் செய்தல் ☐
- ஈ) போதுமான அளவு பால் கொடுத்தல் ☐

23. பின்வருவனவற்றுள் எவை மிகக்கொடிய நோய்கள்?

- அ) காசநோய், போலியோ, தட்டம்மை ☐
- ஆ) தொண்டை அடைப்பான் நோய், கக்குவான் ☐
- இருமல், டெட்டனஸ் ☐
- இ) மேற்கண்ட இரண்டும் ☐
- ஈ) இவை எதுவும் இல்லை ☐

24. ஏன் குழந்தைகளுக்கு தடுப்பூசி அவசியமாகும்.

- அ) தொற்று நோய்களுக்கு எதிராக பாதுகாக்க ☐
- ஆ) ஒவ்வாமைக்கு எதிராக பாதுகாக்க ☐
- இ) பரம்பரை நோய்களுக்கு எதிராக பாதுகாக்க ☐
- ஈ) சத்துக்குறைபாட்டுக்கு எதிராக பாதுகாக்க ☐

25. குழந்தை பிறந்தவுடன் கொடுக்கவேண்டிய தடுப்பூசி எவை?

- அ) பிசிஜி, போலியோ சொட்டு மருந்து, டிபிடி ☐
- ஆ) பிசிஜி, போலியோ, மிசில்ஸ் ☐
- இ) பிசிஜி, போலியோ, டெட்டானஸ் ☐
- ஈ) பிசிஜி, போலியோ, மஞ்சள் காமாலை - பி ☐

26. ஏன் ஹெபடைடிஸ் - பி பிறந்த குழந்தைக்கு கொடுக்கப்படுகிறது?

- அ) மூளைக் காய்ச்சலுக்கு எதிராக பாதுகாக்க ☐
- ஆ) மஞ்சள் காமலைக்கு எதிராக பாதுகாக்க ☐
- இ) ஏற்புவலிக்கு எதிராக பாதுகாக்க ☐
- ஈ) சின்னம்மைக்கு எதிராக பாதுகாக்க ☐

27.பின்வருவனவற்றுள் எந்த தடுப்பூசி காசநோய்க்கு எதிராக பாதுகாக்கிறது?

- அ) தட்டம்மை ☐
- ஆ) டிப்டீ ☐
- இ) ஹெபடைடிஸ் - பி ☐
- ஈ) பி.சி.ஐ ☐

28. குழந்தைக்கு தடுப்பூசி கொடுத்த பிறகு ஏற்படும் காய்ச்சல் மற்றும் வலியை எவ்வாறு சரிசெய்வீர்கள்?

- அ) குளியலை தவிர்ப்பது ☐
- ஆ) குடான ஒத்தடம் கொடுப்பது ☐
- இ) காய்ச்சல் மருந்து கொடுப்பது ☐
- ஈ) எதுவும் தேவையில்லை ☐

29.பின்வருவனவற்றுள் எதற்கு யூஸ்டர் டோஸ் தேவையில்லை?

- அ) போலியோ சொட்டு மருந்து ☐
- ஆ) பி.சி.ஐ ☐
- இ) மஞ்சள் காமாலை \_\_\_\_ பி ☐
- ஈ) டி.பி.டி ☐

30.பல்ஸ் போலியோ என்றால் என்ன?

- அ) அட்டவனைப்படி போலியோ சொட்டு மருந்து கொடுப்பது ☐
- ஆ) 5 வயதுக்கு குறைவான அனைத்து குழந்தைகளுக்கும்  
ஒரே நாளில் வருடத்திற்கு இருமுறை தருவது ☐
- இ) 10 வயதிற்கு குறைவாக குழந்தைகளுக்கு தருவது ☐
- ஈ) 15 வயதிற்கு குறைவாக குழந்தைகளுக்கு தருவது ☐

## பகுதி- இ

கவனிப்பு சரிபார்த்து பட்டியல் அத்தியாவசியப் புதிய பார்ன் கேர் குறித்து

பிரசவத்திற்கு பிறகு தாய்மார்களுக்கு, நடைமுறைகளும் மதிப்பிட

இந்த பகுதி கவனிப்பு சரிபார்த்து பட்டியலை கொண்டுள்ளது.

எண்	நடைமுறைகள்	ஆம்	இல்லை
1.	குழந்தையை சட்டை, சாகஸ், குழந்தை ஆடைகள் மற்றும் துண்டு கொண்டு போர்த்தி வைக்க வேண்டும்		
2.	குழந்தை தலையை தொப்பி கொண்டு மூடவேண்டும்		
3.	தாய் மற்றும் குழந்தை படுக்கையில் ஒன்றாக படுத்துக்கொள்ள வேண்டும்		
4.	குழந்தையின் வயிறு மற்றும் கால் பகுதியை தொட்டு வெப்பத்தை உணர வேண்டும்		
5.	தாய்ப்பால் கொடுக்கும் முன் மார்பக பகுதியை சுத்தம் செய்ய வேண்டும்		
6.	தாய் குழந்தைக்கு தாய்ப்பால் மட்டும் வழங்க வேண்டும்		
7.	குழந்தைக்கு குளுக்கோஸ் மற்றும் தேன் பால் புகட்டுவதற்குமுன் கொடுக்க வேண்டாம்		
8.	குழந்தை அழும் போதெல்லாம் அம்மா தாய்ப்பால் கொடுக்க வேண்டும்.		
9.	குழந்தைக்கு பால் புகட்டும்போது சற்று தலையை உயர்த்தி பிடிக்க வேண்டும்		

10.	குழந்தை பால் குடிக்கும் போது தாயின் மார்பகப் பகுதி முழுவதுமாக குழந்தையின் வாயில் இருக்க வேண்டும்		
11.	குழந்தை தாய்ப்பால் குடிக்கும் முன் நன்றாக உறங்க வேண்டும்		
12.	குழந்தை தாய்ப்பால் அருந்தும் போது விழித்திருக்க வேண்டிய அவசியமில்லை.		
13.	குழந்தைக்கு ஒவ்வொரு முறை பால் புகட்டும் போதும் முதுகு பகுதியை மெதுவாக தடவிவிட வேண்டும்		
14.	குழந்தையின் கண்களை வெளிப்புறம் இருந்து உட்புறமாக சுத்தம் செய்ய வேண்டும்		
15.	குழந்தையின் இரு கண்களையும் ஒரே துணியை கொண்டு துடைக்க வேண்டும்.		

## பகுதி - ஆ

பதில்கள்

கேள்வி எண்	பதில்	மதிப்பெண்
1.	ஈ	1
2.	ஈ	1
3.	அ	1
4.	ஆ	1
5.	ஆ	1
6.	அ	1
7.	ஆ	1
8.	அ	1
9.	ஈ	1
10.	இ	1
11.	ஈ	1
12.	ஆ	1
13.	அ	1
14.	ஈ	1
15.	இ	1
16.	ஆ	1
17.	இ	1
18.	அ	1
19.	ஆ	1
20.	இ	1
21.	ஈ	1
22.	அ	1
23.	இ	1
24.	அ	1
25.	ஈ	1
26.	ஆ	1
27.	ஈ	1
28.	இ	1
29.	ஆ	1
30.	ஆ	1

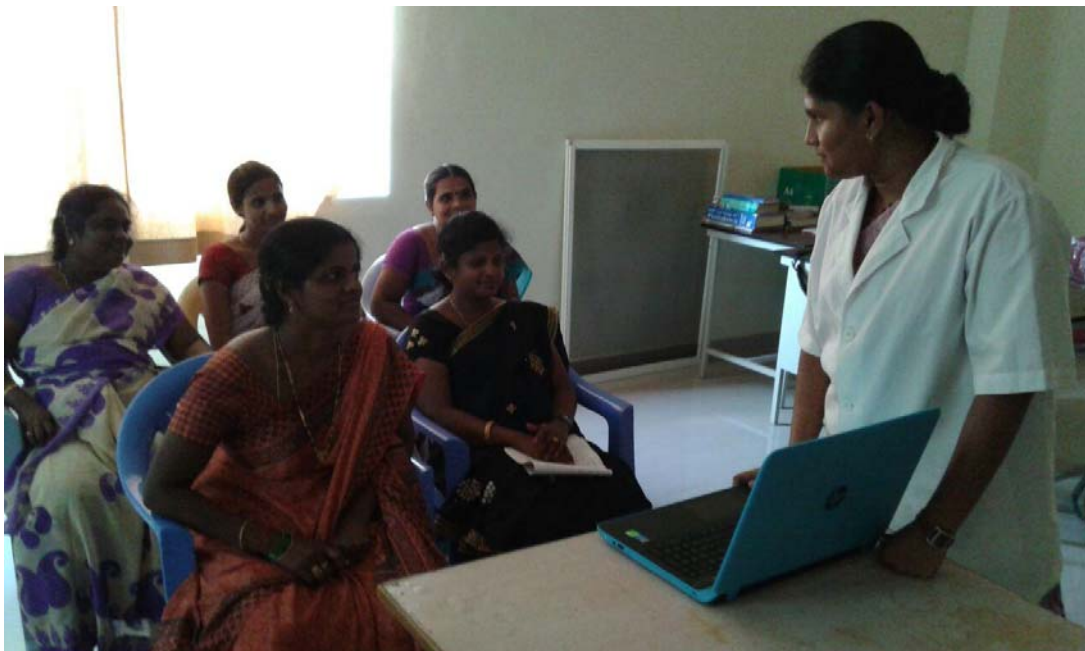


## பகுதி - இ

பதில்கள்

கேள்வி எண்	பதில்	மதிப்பெண்
1.	ஆம்	1
2.	ஆம்	1
3.	ஆம்	1
4.	ஆம்	1
5.	ஆம்	1
6.	ஆம்	1
7.	ஆம்	1
8.	ஆம்	1
9.	ஆம்	1
10.	ஆம்	1
11.	இல்லை	1
12.	இல்லை	1
13.	இல்லை	1
14.	இல்லை	1
15.	இல்லை	1

**A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED  
TEACHING PROGRAMME ON KNOWLEDGE AND  
PRACTICE OF POSTNATAL MOTHERS WITH  
REGARD TO ESSENTIAL NEWBORN  
CARE AT KOVILPALAYAM,  
COIMBATORE**



## HEALTH EDUCATION ON ESSENTIAL NEWBORN CARE

Topic : Essential Newborn Care

Group : Postnatal Mothers

Place : Postnatal Ward

Time : 30 minute

Methods of teaching : Lecture cum Discussion

Teaching aid : Power Point Presentation

### **Central Objective**


At the end of the class the mothers will acquire in depth knowledge regarding Essential newborn care.

### **Specific Objective**

The mothers will be able to

- Introduce the topic
- List down the principles of newborn care
- Enlist the essentials of newborn care
- Explain about the Warm chain
- Describe the initiating breast feeding
- Explain about the prevention of infections

Specific Objective	Content	Teacher Activity
Introduce the topic	<p><b>Introduction</b></p> <p>More than half of the deaths during the infancy occur during the neonatal period (28 days of life). Even within this period, it is the first week of child's life when most the deaths take place due to birth asphyxia, hypothermia, and infections. Babies born with a low birth weight (less than 2500 gms) are at a higher risk of dying due to these causes. By taking care of the health of the mother during pregnancy and by providing essential newborn care in the health facility can be reduced significantly.</p> <p>Care of the mother during antenatal period and delivery, and provision of essential care to the newborn at birth and during the neonatal period can reduce neonatal and infant mortality rates significantly.</p> <p>Under the CSSM programme and now under the RCH programme, the interventions aimed at improving survival of infants during the prenatal period are being undertaken.</p>	<p>L</p> <p>E</p> <p>C</p> <p>T</p> <p>U</p> <p>R</p> <p>I</p> <p>N</p> <p>G</p>

<p>List down the principles of newborn care</p>	<p><b>Principles of Newborn Care</b></p> <ul style="list-style-type: none"> <li>➤ Prevention of hypothermia</li> <li>➤ Exclusive breast feeding</li> <li>➤ Prevention of infection</li> </ul>	<p>L E C T U R E I N G</p>
<p>Enlist the essentials of newborn care</p>	<p><b>Essentials of Newborn Care</b></p> <p>The four basic needs of all babies at the time of birth (and for the first few weeks of life)</p> <ul style="list-style-type: none"> <li>➤ Warmth</li> <li>➤ Mothers milk</li> <li>➤ Protection from infection</li> </ul> 	

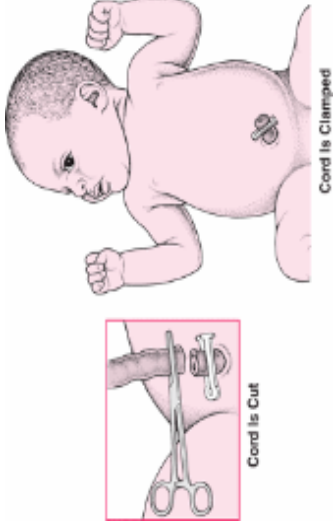
<p>Explain about the Warm chain</p>	<p>These basic needs indicate that a baby’s survival is totally dependent upon her mother and other caregivers. Therefore it is important to provide proper care to all the neonates immediately after birth. All newborns require essential newborn care to minimize the risk of illness and maximize their growth and development. This care will also prevent many newborn emergencies.</p> <p><b>Ensuring Warmth : Warm Chain</b></p> <p>A baby’s skin temperature falls within seconds of being born. If the temperature continues to fall, the baby will become ill and may even die. This is a way a baby MUST be dried immediately after birth and delivered onto a warm towel or piece of cloth, and loosely wrapped before being placed naked between the mother’s breast’s.</p> <p><b>Warm Chain</b></p> <ul style="list-style-type: none"> <li>➤ Keep the baby clothed and wrapped with the head covered</li> <li>➤ Minimize bathing especially in cool weather or for small babies</li> <li>➤ Keep the baby close to the mother</li> </ul>
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Describe the initiating breast feeding	<p>➤ Use kangaroo care for stable LBW babies and for re-warming stable bigger babies</p> <p>➤ Show the mother how to avoid hypothermia, how to recognize it, and how to re-warm a cold baby.</p> <p>The mother should aim to ensure that the baby's feet are warm to touch.</p> <p><b>Initiating Breast Feeding</b></p> <p>During the initial skin-to-skin contact position after birth, the baby should keep between the mother's breasts; this would ensure early initiation of breast feeding.</p> <p>Initially, the baby might want to rest and would be asleep. This rest period may last from a few minutes to 30-40 minutes before the baby shows signs of wanting to breastfeed. After this period (remember each baby is different and this period might vary), the baby will usually open his/her mouth and start to move the head from side to side; he may also begin to dribble. These signs indicate that the baby is ready to breastfeed.</p> <p>The mother should be helped in feeding the baby when she shows these signs. Both the mother and the baby should be in a comfortable position. The baby should be put next to the mother's breasts with his mouth</p>	L E C T U R E I N G
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<p>Explain about the <b>prevention of infections</b></p>	<p>opposite the nipple and areola. The baby should attach to the breast by itself when it is ready. When the baby is attached, attachment and positioning should be checked. The mother should be helped to correct anything which is not quite right.</p> <p><b>Prevention of Infections</b></p> <p><b>Clean Chain</b></p> <p>Babies are securely placed in their mother's womb. When they are born, they have to be protected from the adverse environment of surroundings; cleanliness at delivery reduces the risk of infection for the mother and the baby, especially neonatal sepsis and tetanus. Cleanliness requires mothers, families and health professional to avoid harmful traditional practices, and prepare necessary materials. Hand washing is the single most important step to be emphasized to both family members and health care workers.</p> <p><b>Measures to Prevent Infection</b></p> <ul style="list-style-type: none"> <li>➤ All care givers should wash hands before handling the baby</li> <li>➤ Feed only breast milk</li> <li>➤ Keep the cord clean and dry; do not apply anything</li> </ul>	<p>L E C T U R E I N G</p>
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	<div data-bbox="342 331 440 1596"> <p>➤ Use a clean cloth as a diaper/ napkin's wash your hands after changing diaper/napkin. Keep the baby clothed and wrapped with the head covered.</p> </div> <div data-bbox="511 1421 542 1640"> <p><b>Care of the Cord</b></p> </div> <div data-bbox="558 1047 888 1564">  </div> <div data-bbox="927 1125 956 1640"> <p><b>Instruction to the Mother on Cord Care</b></p> </div> <div data-bbox="993 331 1372 1596"> <ul style="list-style-type: none"> <li>➤ No tub bathing until cord falls off. Do not sponge bath to clean the baby. See to it that cord as baby powder or antibiotic, except the prescribed antiseptic solution which is 70% alcohol.</li> <li>➤ Avoid wetting the cord. Fold diaper below so that it does not cover the cord and does not get wet when the diaper soaks with urine.</li> <li>➤ Leave cord exposed to air. Do not apply dressing or abdominal binder over it. The cord dries and separates more rapidly if it is exposed to air.</li> </ul> </div>
<p>L E C T U R E I N G</p>	

	<p>➤ If you notice the cord to be bleeding, apply firm pressure and check cord clamp if loose and fasten.</p> <p>➤ Report any unusual signs and symptoms which indicate infection.</p> <ul style="list-style-type: none"> <li>• Foul odour in the cord</li> <li>• Presence of discharge</li> <li>• Redness around the cord</li> <li>• The cord remains wet and does not fall off within 7 to 10 days</li> <li>• Newborn fever</li> </ul> <p><b>Eye Care</b></p> <p>Eye care is given to protect a babies eye's from infection. In areas where sexually transmitted diseases are common, eye care is needed soon after delivery because infections such as gonorrhoea can be passed onto the baby during the birthing process which can result in blindness</p> <p>A baby's eyes should be <b>wiped as soon as possible after birth</b>. Both eyes should be gently wiped with separate sterile swabs soaked in warm sterile water.</p>	<p>L E C T U R E I N G</p>
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	<p>Eye drops or ointment should be given <b>within one hour of delivery</b>. This can be done after the baby has been dried or when he is being held by his mother.</p> <p>After instilling the eye drops, care should be taken so that the drug is not washed away</p> <p><b>Do's:</b></p> <ul style="list-style-type: none"> <li>➤ Clean eyes immediately after birth with swabs soaked in sterile water using separate swabs for each eye. Clean from medial to lateral side</li> <li>➤ Give prophylactic eye drops within 1 hour of birth as per hospital policy</li> </ul> <p><b>Don'ts:</b></p> <ul style="list-style-type: none"> <li>➤ Do not apply anything else (e.g. Kajal) in the eye</li> </ul> <p><b>Bathing</b></p> <p>Newborn babies are very delicate and therefore bathing a newborn baby can be an intimidating task. As a result most parents forget that bathing a newborn baby can be converted into one of the enjoyable routines of the day.</p>	<p>L E C T U R E I N G</p>
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	<p><b>Follow the Below Mentioned Tips for Bathing a New Born Baby Safely</b></p> <ul style="list-style-type: none"> <li>➤ Always prefer sponge bathing for your newborn baby as it allows the scab developed on the umbilical cord to fall off and allows the navel to heal.</li> <li>➤ Assemble all accessories such as a shallow plastic basin filled with several inches of warm water, a soft blanket or towel, a wash cloth, change of clothes, clean diaper, cotton balls, extra towels, mild baby shampoo and soap(if necessary) for the sponge bathing.</li> <li>➤ Place your baby on his back on the towel or blanket on the changing table pad. Keep the bathing room warm for the baby.</li> <li>➤ Fill the infant tub with bath water up to two inches. The ideal water temperature suitable for your newborn baby is 90 degrees Fahrenheit (32 degrees Celsius). Avoid using hot water as it can accidentally scald the skin of your baby.</li> <li>➤ Use wet wash cloth dipped in warm water to wring out the moisture and to wipe your baby's face. Use cotton balls to wipe baby's eyelids. Continue the same process for the rest of the body. Areas such as underarms, behind the ears, neck and diaper area need thorough cleaning. Use soap only when your newborn baby is dirty. Be gentle in washing your newborn baby as they may experience</li> </ul>	<p>L E C T U R I N G</p>
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	<p>pain when there is too much poking and prodding.</p> <ul style="list-style-type: none"> <li>➤ Make sure you hold your newborn baby by placing one hand on the baby firmly. Get assistance from someone to get the needed accessories while bathing your baby. Never leave your baby unattended or alone in the tub.</li> <li>➤ Use few drops of no-tears baby shampoo to massage baby's hair and scalp only when the newborn's hair appears too dirty.</li> <li>➤ Gently dry the baby using a towel. If you observe peeling skin, apply a mild baby lotion after bath.</li> </ul> <p>Dead skin in newborns is common and usually comes off itself. Put on the diaper and clothes and place her in a safe place, such as a crib or a baby seat before you remove the bath supplies.</p> <p><b>Immunization</b></p> <p>Most newborns do not need any vaccinations, unless the mother carries the hepatitis B virus.</p> <ul style="list-style-type: none"> <li>➤ If parents have hepatitis B, the baby should be vaccinated against it within 12 hours after birth. He or she also should receive a special gamma globulin shot that helps to protect her against hepatitis B infection.</li> <li>➤ If mother were not tested or have risk factors for hepatitis B infection, infant should be vaccinated</li> </ul>	<p>L E C T U R E I N G</p>
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	<p>against hepatitis B and, in some cases, also receive the special gamma globulin shot.</p> <p>Some pediatricians start hepatitis vaccinations in the newborn period. The first dose of hepatitis B vaccine can be given safely anytime between birth and two months of age in full-term infants.</p>	
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## அத்தியாவசியப் பிறந்த பாதுகாப்பு பற்றிப் சுகாதாரக் கல்வி

### அறிமுகம்

குழந்தை பருவத்திலேயே போது மரணங்களில் பாதி விட குழந்தை பிறந்த காலத்தில் (வாழ்க்கை 28 நாட்கள்) ஏற்படும். இந்த காலத்தில், அது மிகவும் மடிந்தது பிறந்த மூச்சுத்திணறல், தாழ்வெப்பநிலை மற்றும் நோய்த் தொற்றுகள் நடைபெறும் போது குழந்தையின் வாழ்க்கை முதல் வாரத்தில் உள்ளது. ஒரு குறைந்த பிறப்பு எடை (குறைவான 2500 கிராம்) பிறந்தார் குழந்தைகள் இந்த காரணங்கள் காரணமாக இறக்கும் அதிக ஆபத்து. கர்ப்ப காலத்தில் அம்மா சுகாதார பார்த்து எடுத்து மற்றும் சுகாதார வசதி அத்தியாவசிய பிறந்த பாதுகாப்பு வழங்குவதன் மூலம் கணிசமாக குறையும்.

பிறந்த நேரத்தில் பிறந்த குழந்தை என்ற அத்தியாவசிய பாதுகாப்பு கர்ப்பகால காலம் மற்றும் விநியோக, மற்றும் ஒதுக்கீடு போது மற்றும் பிறந்த குழந்தைகளில் காலத்தில் அம்மாவை பார்த்துக் கணிசமாக பிறந்த குழந்தைக்கு, குழந்தை இறப்பு வீதம் குறைக்க முடியும். RCH திட்டத்தின் கீழ் CSSM திட்டத்தின் கீழ் இப்போது, பெற்றோர் ரீதியான காலத்தில் குழந்தைகளுக்கு உயிர் மேம்படுத்துவதை நோக்கமாகக் தலையீடுகள் மேற்கொள்ளப்பட்டுள்ளது.

### பிறந்த பாதுகாப்பு கொள்கைகள்

- தாழ்வெப்பநிலை தடுப்பு



- தொற்று தடுப்பு
- பிரத்தியேக தாய்ப்பால்

### பிறந்த பாதுகாப்பு அத்தியாவசிய

பிறந்த நேரத்தில் அனைத்து குழந்தைகள் நான்கு அடிப்படை தேவைகளை (மற்றும் வாழ்க்கை முதல் சில வாரங்களுக்கு)

- அரவணைப்பு
- தாய்மார்கள் பால்
- தொற்று இருந்து பாதுகாப்பு



இத்தகைய அடிப்படைத் தேவைகளையும் ஒரு குழந்தையின் உயிர் அவள் அம்மா மற்றும் பராமரிப்பாளர்களுக்கு முற்றிலுமாக சார்ந்திருக்கவேண்டிய என்று சுட்டிக் காட்டுகின்றன. எனவே அது உடனடியாக பிறக்கும் அனைத்து பிறகு பிறந்த குழந்தைக்கு சரியான கவனிப்பு வழங்கும் முக்கியமானது. அனைத்து பிறந்த குழந்தைகளுக்கு நோய் அபாயத்தை குறைக்க மற்றும் அவர்களது வளர்ச்சி மற்றும்

வளர்ச்சி அதிகரிக்க அத்தியாவசிய பிறந்த கவனம் தேவைப்படுகிறது. இந்த பாதுகாப்பு மேலும் பல பிறந்த அவசர தடுக்கும்.

### **அரவணைப்பு என்று உறுதி செய்வது: சூடான சங்கிலி**

ஒரு குழந்தையின் தோல் வெப்பநிலை பிறந்தார் என்ற நொடிகளில் விழுகிறது. வெப்பநிலை வீழ்ச்சி தொடர்ந்து இருந்தால், குழந்தை மோசமாக மாறும் கூட இறக்கலாம். இந்த ஒரு குழந்தை பிறந்த பிறகு உடனடியாக உலர்ந்த மற்றும் ஒரு சூடான துண்டு அல்லது துணி பகுதி மீது விடுவித்து, தளர்வாக தாயின் மார்பக இடையே அப்பட்டமான வைக்கப்பட்டதாகவும் மூடப்பட்டிருக்கும் இருக்க வேண்டும்; வழி.

### **சூடான சங்கிலி**

- குழந்தை தரித்து மற்றும் மூடப்பட்ட தலை மூடப்பட்டிருக்கும் வைக்க
- குறிப்பாக குளிர்ந்த காலநிலை அல்லது சிறிய குழந்தைகள் குளியல் குறைக்க
- தாயார் குழந்தை அருகில் வைத்து
- நிலையான எல்பிடபிள்யூ குழந்தைகள் மற்றும் மறு வெப்பமயமாதல் நிலையான பெரிய குழந்தைகள் கங்காரு பாதுகாப்பு பயன்படுத்த
- அதை அங்கீகரிக்க, மற்றும் மண்வெட்டி ஒரு குளிர் குழந்தை மீண்டும் சூடான எப்படி, தாழ்வெப்பநிலை தவிர்க்க தாய் மண்வெட்டி காட்டு. தாய்

குழந்தையின் கால்களை தொட சூடாக இருக்கும் என்று உறுதி நோக்கமாக வேண்டும்.

### தாய்ப்பால் தொடக்கநிலை

பிறந்த பிறகு ஆரம்ப தோல்-தோல் தொடர்பு நிலையை போது, தாய்மார்கள் மார்பக இடையே வைத்திருக்க வேண்டும் குழந்தை; இந்த தாய்ப்பால் ஆரம்ப தொடங்கப்படுவதற்கு உறுதியாக்க வேண்டும்.

ஆரம்பத்தில், குழந்தை ஓய்வு வேண்டும் மற்றும் ஒரு தூக்கம் இருக்கும். குழந்தை முன் 30-40 நிமிடங்கள் ஒரு சில நிமிடங்கள் இந்த ஓய்வு கால மே தாய்ப்பால் விரும்பும் அறிகுறிகள் காட்டுகிறது. இந்த காலத்தில் (ஒவ்வொரு குழந்தை நினைவில் வெவ்வேறு மற்றும் இந்த காலத்தில் வேறுபடும்) பிறகு, குழந்தை வழக்கமாக அவன் / அவள் வாயை திறந்து பக்கத்தில் இருந்து தலை செல்ல ஆரம்பிக்கும்; அவர் சிறு சிறு துளிகளாக விடு இருப்பது. இந்த அறிகுறிகள் குழந்தை தாய்ப்பால் தயாராக உள்ளது என்று காட்டுகின்றன.

குழந்தைக்கு உணவு இந்த அறிகுறிகள் காட்டுவதாக தாயார் உதவியது. தாய் மற்றும் குழந்தை இருவரும் ஒரு வசதியான நிலையில் இருக்க வேண்டும். குழந்தை காம்பிலிருந்து மற்றும் சிற்றிடம் எதிர் தமது வாயினால் அடுத்த தாயின் மார்பில் வைக்க வேண்டும். அது தயாராக இருக்கும் போது குழந்தை தன்னை மார்பக இணைக்க வேண்டும். குழந்தை இணைக்கப்பட்டால், இணைப்பு மற்றும்

பொருத்துதல் சரிபார்க்கப்பட வேண்டும். அம்மா மிகவும் சரியான எதையும் சரி செய்ய உதவியது.

### தொற்று தடுக்கும்: சுத்தமான செயின்

குழந்தைகள் பாதுகாப்பாக தாயின் வயிற்றிலிருந்து வைக்கப்படுகின்றன. அவர்கள் பிறந்த போது, அவர்கள் சூழலில் பாதகமான சூழல் இருந்து பாதுகாக்கப்பட வேண்டும் வேண்டும்; விநியோக உள்ள தூய்மை தாய் மற்றும் குழந்தை, குறிப்பாக பிறந்த குழந்தைக்கு சீழ்ப்பிடிப்பு மற்றும் டெடனஸ் தொற்று அபாயத்தை குறைக்கிறது. தூய்மை தீங்கு பாரம்பரிய நடைமுறைகளை தவிர்க்க, மற்றும் தேவையான பொருட்கள் தயார் செய்ய தாய்மார்கள், குடும்பங்கள் மற்றும் சுகாதார தொழில்முறை தேவைப்படுகிறது. கை கழுவுதல் குடும்ப உறுப்பினர்கள் மற்றும் சுகாதார ஊழியர்கள் இருவருக்கும் வலியுறுத்தப்பட வேண்டும் ஒற்றை மிக முக்கியமான நடவடிக்கை ஆகும்.

### முறைமைகள் தொற்றுநோய் தடுக்க

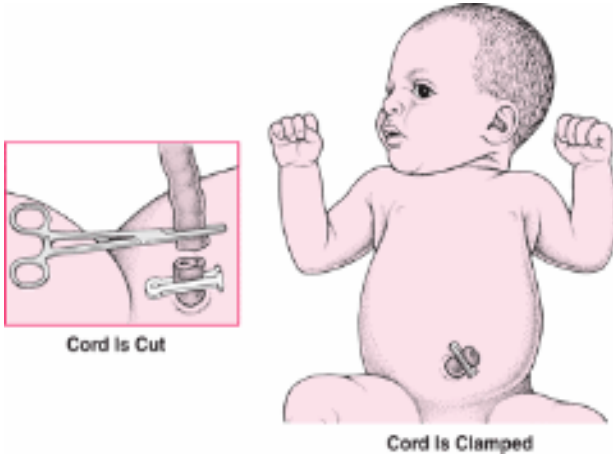
- அனைத்து பாதுகாப்பு அளிப்பவர்கள் குழந்தை தொடுவதற்கு முன் கைகளை கழுவ வேண்டும்
- மட்டும் மார்பக பாலை
- சுத்தமான மற்றும் உலர் தண்டு வைத்து; எதையும் விண்ணப்பிக்க வேண்டாம்

📺 ஒரு டயபர் ஒரு சுத்தமான துணி பயன்படுத்த / துடைக்கும் தான் daiper /

துடைக்கும் மாறி பின்னர் உங்கள் கைகளை கழுவ. குழந்தை தரித்து

மற்றும் மூடப்பட்ட தலை மூடப்பட்டிருக்கும் வைத்து.

### தண்டு பராமரிப



### தண்டு பாதுகாப்பு அம்மாவும் அறிவுறுத்தலை

- தண்டு வரை, எந்த தொட்டி குளியல் விழும். குழந்தை சுத்தம் செய்ய குளியல் கடற்பாசி. அது கொ பார்க்கவும் 70% ஆல்கஹால் உள்ளது எந்த பரிந்துரைக்கப்பட்ட கிருமி நாசினிகள் தீர்வு தவிர குழந்தை தூள் அல்லது ஆண்டிபயாடிக், என ம. தண்டு ஈரமாக்கும்
- தவிர்க்க. அது தண்டு மறைக்க முடியாது என்று நான் கீழே டயபர் மடி மற்றும் டயபர் சிறுநீர் கொண்டு soaks போது ஈரமான இல்லை.
- விடுப்பு தண்டு காற்று வெளிப்படும். அதை டிரஸ்ஸிங் அல்லது வயிற்று சேர்ப்பான் விண்ணப்பிக்க வேண்டாம். தொப்புழ்க்கொடியானது காய்ந்து

விமானத் வெளிப்படும் என்றால் மிக விரைவில் பிரிக்கிறது. நீங்கள் தண்டு

இரத்தப்போக்கு வேண்டும் என்று கவனிக்கவில்லை என்றால்

- நிறுவனம் அழுத்தம் மற்றும் காசோலை தண்டு கிளம்ப தளர்வான என்றால் விண்ணப்பிக்க மற்றும் கட்டு.
- தொற்று என்பதை இது எந்த அசாதாரண அறிகுறிகள் மற்றும் அறிகுறிகள் அறிக்கை.

- வடத்தில் கெட்ட நாற்றம்
- வெளியேற்ற இருத்தல்
- தண்டு சுற்றி சிவத்தல்
- தண்டு ஈரமான இருக்கிறது மற்றும் 7 முதல் 10 நாட்களுக்குள் விழுந்து இல்லை
- பிறந்த காய்ச்சல்

### கண் பாதுகாப்பு

கண் பாதுகாப்பு தொற்று இருந்து ஒரு குழந்தைகள் கண் பாதுகாக்க வழங்கப்படும். போன்ற மேக வெட்டை நோய் போன்ற தொற்று, பாராமுகத்தின் விளைவிக்கலாம் birthing செயல்முறை போது குழந்தை மீது கடந்து முடியும் என்பதால் பால்வினை நோய்கள் பொதுவான இடங்களில், கண் பாதுகாப்பு பிரசவத்திற்கு பிறகு விரைவில் தேவையான

ஒரு குழந்தையின் கண்கள் விரைவில் பிறந்த பிறகு ஒழிக்கப்பட வேண்டும்.  
இரு கண்கள் மெதுவாக சூடான மலட்டு நீரில் நனைத்த தனி மலட்டு swabs  
கொண்டு ஒழிக்கப்பட வேண்டும்.

கண் சொட்டு அல்லது மருந்து விநியோக ஒரு மணி நேரத்திற்குள்ளாகவே  
வழங்கப்பட வேண்டும். குழந்தை உலர்த்தப்பட்ட பின் அல்லது அவர் தனது  
தாயார் நடத்திய போது இந்த செய்யலாம்.

மருந்து கழுவி இல்லை என்று கண் சொட்டு புகட்டுகிறது பிறகு, பார்த்து  
கொள்ள வேண்டும்

### **கண் பாதுகாப்பு**

#### **செய்ய வேண்டியவை**

உடனடியாக ஒவ்வொரு கண் தனி swabs பயன்படுத்தி மலட்டு நீரில்  
நனைத்த swabs கொண்டு பிறந்த பிறகு சுத்தமான கண்கள் \*. பக்கவாட்டு பக்க  
உள்நோக்கிய இருந்து சுத்தமான

- கொடுங்கள் முற்காப்பு கண் மருத்துவமனை பெர் பிறந்த 1 மணி நேரத்தில்  
குறைகிறது

#### **மற்றும் செய்யக்கூடாதவை**

- கண் வேறு எதையும் (egKajal) விண்ணப்பிக்க

## குளியல்

புதிதாகப் பிறந்த குழந்தைகள் மிகவும் மென்மையானது எனவே பிறந்த குழந்தையை ஒரு அச்சுறுத்தும் பணி முடியும் குளித்தல் உள்ளன. இதன் விளைவாக பெரும்பாலான பெற்றோர்கள் பிறந்த குழந்தையை குளித்தல் நாள் சுவாரஸ்யமாக நடைமுறைகளை ஒரு மாற்றப்படுகிறது என்று மறக்க.

**பாதுகாப்பாக ஒரு புதிய பிறந்த குழந்தை குளியல் கீழே குறிப்பிட்டுள்ள பற்றவும்:**

அது விழுந்து தொப்புள் கொடியின் மீது உருவாக்கப்பட்டது கருங்காலி அனுமதிக்கிறது மற்றும் தொப்புள் குணமடைய அனுமதிக்கிறது என • எப்போதும் உங்கள் பிறந்த குழந்தை கடற்பாசி குளியல் விரும்புகின்றனர்.

- போன்ற சூடான நீரில் பல அங்குலங்கள், ஒரு மென்மையான போர்வை, துண்டு, ஒரு கழுவி துணி, துணி மாற்றம், சுத்தமான டயபர், பருத்தி பந்துகளில், கூடுதல் துண்டுகள், லேசான குழந்தை ஷாம்பு மற்றும் சோப்பு (தேவைப்பட்டால்) நிரப்பப்பட்ட ஒரு மேலோட்டமான பிளாஸ்டிக் பேசின் போன்ற அனைத்து பாகங்கள் அசெம்பிள் கடற்பாசி குளிக்கும்.
- மாறிவரும் அட்டவணை திண்டு மீது துண்டு அல்லது போர்வை தனது முதுகில் உங்கள் குழந்தை வைக்கவும். குழந்தை குளியல் அறையில் சூடான வைத்து.
- இரண்டு அங்குலம் குளியல் நீர் வரை குழந்தை தொட்டியில் நிரப்பி. உங்கள் பிறந்த குழந்தை பொருத்தமான சிறந்த தண்ணீர் வெப்பநிலை 90 டிகிரி பாரன்ஹீட் (32 டிகிரி செல்சியஸ்) உள்ளது. அது தற்செயலாக



உங்கள் குழந்தையின் தோல் பருவ குட்டிகளில் முடியும் என சுடு நீர் பயன்படுத்தி தவிர்க்க.

- ஈரப்பதம் வெளியே முறுக்கு மற்றும் உன் குழந்தை முகத்தை துடைக்க சூடான நீரில் குறைந்துள்ளது ஈரமான கழிவி துணி பயன்படுத்தவும். குழந்தையின் கண் இமைகள் துடைக்க பருத்தி பந்துகளில் பயன்படுத்தவும். உடல் மீதி அதே செயலை தொடரவும். காதுகள், கழுத்து மற்றும் டயபர் பகுதியில் பின்னால் போன்ற underarms போன்ற பகுதிகளில், முழுமையான சுத்தம் வேண்டும். உங்கள் பிறந்த குழந்தை அழுக்கு போது மட்டுமே சோப்பைப் பயன்படுத்தவும். மிகவும் குத்தினால் மற்றும் விரட்டாமல் இருக்கும் போது அவர்கள் வலி இருக்கும் உங்கள் பிறந்த குழந்தை சலவை மென்மையான இருங்கள்.
- நீங்கள் உறுதியாக குழந்தை ஒரு கை வைப்பதன் மூலம் உங்கள் பிறந்த குழந்தை நடத்த உறுதி. உங்கள் குழந்தை குளியல் போது தேவையான பாகங்கள் பெற யாராவது இருந்து உதவி பெறவும். தொட்டி கவனிக்கப்படாது அல்லது தனியாக உங்கள் குழந்தை விட்டு ஒருபோதும்.
- பிறந்த முடி கூட அழுக்கு மட்டுமே தோன்றுகிறது போது • குழந்தையின் முடி மற்றும் உச்சந்தலையில் மசாஜ் செய்ய எந்த கண்ணீர் குழந்தை ஷாம்பு சில துளிகள் பயன்படுத்தவும்.
- மெதுவாக ஒரு துண்டு பயன்படுத்தி குழந்தை காய. நீங்கள் தோல் உரித்தல் கடைப்பிடித்து, குளியல் கழித்து ஒரு லேசான குழந்தை லோஷன்

விண்ணப்பிக்க. பிறந்த குழந்தைகளுக்கு இறந்த தோல் பொதுவான மற்றும் பொதுவாக தன்னை விட்டு வருகிறது. நீங்கள் குளியல் விநியோகம் நீக்க முன் ஒரு எடுக்காதே அல்லது ஒரு குழந்தை இருக்கை, ஒரு பாதுகாப்பான இடத்தில் டயபர் மற்றும் துணிகளை வைத்து அவளை வைக்க.

### நோய்த்தடுப்பு

- தாய் ஹெபடைடிஸ் பி வைரஸ் செல்கிறது வரை பெரும்பாலான பிறந்த குழந்தைகள், எந்த தடுப்பூசிகள் தேவையில்லை.
- பெற்றோர்கள் ஹெபடைடிஸ் பி இருந்தால் \*, குழந்தை பிறந்த பின்னர் 12 மணி நேரத்திற்குள் அதை எதிராக தடுப்பு வேண்டும். அவர் மேலும் ஹெபடைடிஸ் பி தொற்று எதிராக பாதுகாக்க உதவுகிறது என்று ஒரு சிறப்பு காமா குளோபிலுன் ஷாட் பெற வேண்டும்.
- தாய் சோதனை அல்லது ஹெபடைடிஸ் பி தொற்று ஆபத்து காரணிகள் இல்லை என்றால்
- குழந்தை, சில சந்தர்ப்பங்களில், சிறப்பு காமா குளோபிலுன் ஷாட் பெற, ஹெபடைடிஸ் B தடுப்பூசி மற்றும்.

சில மருத்துவர்கள் பிறந்த காலத்தில், கல்லீரல் அழற்சி தடுப்பூசிகள் தொடங்கும். ஹெபடைடிஸ் B தடுப்பூசி முதல் டோஸ் பிறப்பு மற்றும் நிறைமாத குழந்தைகளின் வயது இரண்டு மாதங்களுக்கு இடையே பாதுகாப்பாக எப்போது வழங்கப்படும்.

கேள்வித்தாள் அத்தியாவசியப் பிறந்த கேர் குறித்து பிரசவத்திற்கு பிறகு

தாய்மார்களுக்கு அறிவு மதிப்பிட வழிமுறைகள்:

- உங்கள் சுய பற்றி தகவல்களை வழங்குக
- அனைத்து கேள்விகளுக்கு பதிலளியுங்கள்
- நீங்கள் உங்கள் பெயரை எழுத
- இலவச மற்றும் பதில் வெளிப்படையாக இருக்க செய்க
- நீங்கள் பதில் பேனா பென்சில் அல்லது ஒன்று இலவசமாக  
பயன்படுத்தலாம்
- சிறந்த தேர்வாக அடைப்புக்குறி பூர்த்தி செய்து